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March 5, 1994

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**Sharpe hits  
out at DoH  
cost cutting**

**LPCs vote for  
working party  
to review PSNC**

**Scots agree an  
'uplifting' deal**

**Kicking the  
smoking habit**

**Moss franchises  
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**Babycare: all  
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## Comment

Community pharmacists in England and Wales should be gratified this week that Pharmaceutical Services Negotiating Committee chairman David Sharpe, made remarks(p372) that Health Secretary Virginia Bottomley, found "tendentious" when he declared the Government's recent treatment of contractors as "offensive nonsense". Mr Sharpe said that each year pharmacists were expected to dispense more scripts without financial recognition of their increased efficiency, while new roles taken on voluntarily, such as the Liverpool mental healthcare project, were put at risk when there was no long-term budgeting on the horizon. In the light of the Clunis Report, Mr Sharpe labelled this prospect as a "disgraceful human tragedy" and an "economic nonsense".

Smaller contractors will also be delighted that Mr Sharpe supported their cause to such good effect, rubbishing the notion that the practice allowance should be withdrawn, post-1995, from contractors doing less than 1,500 scripts a year. He made clear that size, as per script volume, is no determinant of the quality of either dispensing or ancillary services. Pharmacists are undertaking an impressive list of new role, local initiatives, but the need to standardise the seven core services being discussed by the DoH and PSNC is pressing. The Department should respond, as promised, to PSNC's

proposals on the first three without further delay. And it should put on the table its offer on basic NHS pharmacy pay. At last the Scots appear to have reached a satisfactory conclusion for 1994-95 on a deal which spans two years.

Each year Government insults pharmacists by appearing to put them at the end of the healthcare negotiating round. Unlike their healthcare peers they have no review body — and their review panel seems under threat — but they should get the respect from the Government that their cost-effectiveness and professionalism deserves.

Mrs Bottomley stressed the Government's inexorable pressure to devolve control of all pharmacy services to local level. Notwithstanding that David Sharpe appears to be saying that the 20 per cent of the global sum scheduled for disbursement by health commissions from 1995 is, in reality, only 3 per cent of the same — the writing is on the wall for those local pharmaceutical committees, and the contractors they represent, if they do not now mix and match with the local NHS administrators and other health professionals. Dorset pharmacists have done much to show the way.

Doing nothing will leave patients with the prospect of no care from pharmacists in key areas, with inferior care from others, or simply no care at all.

# Sharpe condemns DoH response to pharmacy

**Pharmacists are concerned that NHS changes affecting them are driven more by cost-cutting than by improving the range and quality of services they provide, Chairman, David Sharpe told Health Secretary Virginia Bottomley, and a record 150 parliamentarians and 100 health authority managers at the Committee's annual dinner on Monday**

David Sharpe said Community pharmacists had been faced with the prospect of dramatic change during the past year or so. Change that has been signalled in the wrong way. "Change that should be based on determining how best community pharmacy could make a greater contribution to the health of the nation — but which seems to be more about changing the basis on which pharmacists are paid."

The deep-seated concern and fear that community pharmacists have is not about change itself. "There are many changes we are more than keen to see; changes that will bring direct and significant benefits to patients and the public," he said.

"Health Secretary, it gives me no pleasure to have to tell you that your hosts this evening are representatives of a worried and increasingly discontented group of professionals.

"This is a profession that provides one of the most cost-effective national pharmaceutical services in the whole of Europe. A profession that, year after year, works harder and harder for the NHS without any reward for extraordinary productivity gains. A profession that is desperately keen to deliver a wider range of much-needed health services to a population that is becoming ever more reliant on the professional services it can provide."

Pharmacy is a profession that can substantially relieve the burden on other members of the primary health care team, said Mr Sharpe. But it was also a profession that is frustrated almost to bursting point by the shameful failure of successive governments, over many years, to use the resources that community pharmacy offers.

## NHS contribution

Mr Sharpe spoke of the "offensive nonsense" of a departmental statement made some 9 months ago that said that "pharmacies below that 2,000 threshold are not making a demonstrable contribution to the NHS".

"Try telling that to those who live in the countryside, often many miles from a major town, who rely on the invaluable service that the local village pharmacy and its pharmacist provides."

"Try telling that to pensioners and mothers with young children



Health Secretary Virginia Bottomley says little at PSNC's dinner for parliamentarians. Chairman David Sharpe listens after delivering an attack on Government inaction on pay and its offensive treatment of pharmacists

living on urban housing estates ...who likewise rely enormously on the services of the pharmacy on the estate or close by.

Such pharmacies might not be dispensing large numbers of prescriptions but they are vital to their daily lives. "Their contribution to the NHS is demonstrable, and just as important as the pharmacy in the shopping parade of a large town."

Mr Sharpe said that with the help of many MPs from all parties, PSNC succeeded in persuading the government to withdraw its initial proposal that only pharmacies dispensing more than 2,000 prescriptions a month would qualify for payment of the professional allowance. "At least we now have a graduated interim allowance system, starting at 1,000 prescriptions per month and increasing up to 1,500."

Mr Sharpe slammed the DoH proposal that from 1995 the graduated payment from 1,000 to 1,500 prescriptions dispensed should be abolished. That would mean that no pharmacy dispensing less than 1,500 prescriptions per month would receive any professional allowance payment at all.

"Just like the original 2,000 threshold proposal, that is unfair and unreasonable. It would force many excellent pharmacies to close or to reduce their level of service." PSNC would continue to insist on a threshold of 1,000.

Mr Sharpe also told Mrs Bottomley that the Pharmacists Review Panel should stay and that although pharmacy did not have the luxury of a pay review body, he saw no good reason at all why pharmacists had to be left hanging on yet again this pay round without any indication of the Department's proposals. "No one else suffers this sort of treatment, and I don't see why we should have to."

## Drugs budget cuts

David Sharpe put to Mrs Bottomley six ways in which the drugs budget could be cut, reiterating his evidence to the Commons Health Committee investigation.

- Where prescriptions call for 60 or 90 days' treatment, place a 28-day limit on the quantity to be dispensed at one time.
- Give us the opportunity to work with your Department to develop ways of encouraging the greater use of generic, rather than branded, medicines.
- Provide further encouragement for pharmacists to assist local GPs with prescribing advice so as to save up to £1 million per day.
- Place on the blacklist expensive branded generics if they have no added therapeutic benefit as compared with other, less expensive generics.
- Require GPs to specify on each prescription the dose and length

of the course for each medicine.

- Governments should address the high costs of dispensing by doctors.

Mr Sharpe said he hoped Mrs Bottomley would start work with her officials immediately on how and when to implement them."

He then turned to doctor dispensing. "Year after year we have told you and your predecessors the facts about doctor dispensing. I have to assume you must be sick of hearing about it. We are certainly sick of nothing being done about it."

Mrs Bottomley knew dispensing by doctors costs the taxpayer more than dispensing by community pharmacists. She knew dispensing doctors consistently issue more prescriptions per patient than their non-dispensing colleagues. "That is why the number of doctors applying to dispense steadily increases every year. The way in which dispensing doctors are paid must be reformed."

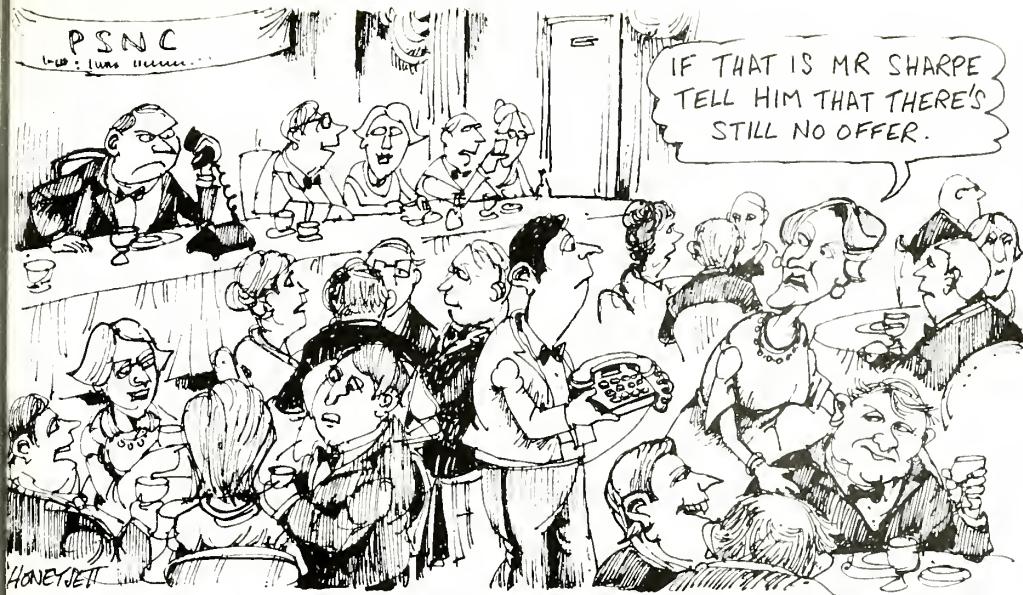
Mr Sharpe said he was asking for nothing that is not for the benefit of the public. There was ever-growing unhappiness within pharmacy at the contrast between the government's fine words about the service that pharmacy provides and its actions."

Mr Sharpe said he had highlighted opportunities and areas for action. "All of us here this evening, whether at a local level or centrally, can and must work together so that this unique health care profession is given the opportunity and encouragement to prove its worth in the NHS of the future."

## Calvert is NPA's rep on PSNC

The National Pharmaceutical Association's Board has appointed Leslie Calvert from West Yorks as its representative on the Pharmaceutical Services Negotiating Committee.

He will serve from next May until April 1995, when all the NPA's nominations come up for review. The vacancy has arisen because of Jeremy Clitheroe's resignation to enable him to stand for direct election to PSNC.



## BOTTOMLEY FINDS SHARPE COMMENTS 'TENDENTIOUS'

Health Secretary Virginia Bottomley said she found some of the points made by PSNC chairman David Sharpe about discussions with the Department to be "a little tendentious", but that she appreciated that it was difficult for him to satisfy the differing views of members.

She said she would like to debate the future of pharmacy in spirit of truth, openness and frankness on our shared commitment to improve services for patients. Pharmacists needed to be fully integrated into the

wider health team.

Such an objective had resulted in changes to the structure of pharmacists pay, Mrs Bottomley said. "There are particularly important changes ahead. Your concerns about not yet having an offer for the coming year have been heard. I'm sorry that I can't say anything more about that tonight.

"I hope that deficiency will be remedied very shortly."

Mrs Bottomley said that affordability was the key to the pay of all health service staff. All

health spending — including the more than half a billion pounds spent on pharmacy — must be properly targeted and producing maximum value for money.

"You will know that the Government is committed to moving to local pharmacy budgets over a number of years. This is in-line with our wider policy of devolution and decentralisation of the NHS.

Mrs Bottomley alluded to the Liverpool local initiative in mental health care, lauded by Mr Sharpe earlier, as an example of a

project managed and controlled locally rather than from the centre. "We need to be more flexible, more innovative, and use resources more effectively."

The new style combined commissioning health authorities should come into formal existence in 1996-97 and be able to build up an accurate picture of what health services local people needed.

### Entry controls

Mrs Bottomley said the Government was currently reviewing entry controls with a view to reducing the present bureaucracy and the ponderous nature of the system. PSNC had offered suggestions; the Society was about to.

"If we can make improvements without turning the whole system upside down then we shall do so." However, she said the time was not right to undertake too radical a change, though, still less to abolish the system.

On dispensing doctors Mrs Bottomley said she upheld the Clothier principle that, wherever possible, it was right for doctors to prescribe and for pharmacists to dispense. "That being said, there are situations in which access to a pharmacy is difficult and dispensing by the doctor is necessary for the benefit of the patient."

She called on the two professions to resolve their points of difference. "Secretaries of State may cogitate on this issue, arbitrate or even legislate, but if that happens without the consent of the parties one or both may be unhappy with the outcome..."

## SCOTS SETTLE FOR SINGLE FEE AND £21,000 ALLOWANCE

Cottish pharmacists have finally reached a remuneration agreement with the Scottish Home and Health Department for 1994-95.

The main points are:

- a single dispensing fee of 88p per item
- a 1.5 per cent increase in the global sum

- full professional allowance of £21,000 per annum for contractors dispensing 2,600 items, and over, per month. Contractors do not need to

implement additional services beyond those already agreed.

- contractors dispensing between 1,000 and 2,599 per month will be paid a phased allowance. This incorporates a £575 professional allowance plus £1,175 pro rata for prescriptions up to 2,600

- there will be no allowance for contractors dispensing less than 1,000 items per month.

The Scottish Pharmaceutical General Council had pushed for a compensation scheme for contractors not entitled to any allowance but the Department had refused this request.

Grame Millar, SPGC chairman, says contractors had offered to partly fund such a scheme using money from the global sum. Negotiations are continuing.

The delay in reaching a settlement, says Mr Millar, has been in trying to agree to a single fee and large allowance which does not produce any winners or losers.

"Pharmacists are not better or worse off except that the global sum has been uplifted," he says.

## SCIENCE STILL NEEDED FOR PRACTICE

Sound scientific education will remain essential for the practice of community pharmacy, believes the Royal Pharmaceutical Society's president, Nick Wood. Pharmacists will increasingly be expected to help patients take responsibility for their own health and manage their own medication, he said at London University School of Pharmacy's Foundation Day on Wednesday.

As more medicines became available OTC, pharmacists would have to take more responsibility as medicines prescribers, so a thorough knowledge of adverse reactions, interactions and toxicology would become even more essential. And the increasing adoption of the "pharmaceutical care" concept would mean more

responsibility for monitoring what happened after the sale or dispensing of a medicine.

"We cannot expect to sell potent medicines over the counter and not intervene, advise and monitor. We cannot justify our monopoly on medicines distribution if we treat them as though they are on a market stall, with no questions asked," he said.

"We have to make the case continually that the pharmacist has a special extra service to offer that no-one else can supply."

Mr Wood saw the pharmacist acting much more like an alternative prescriber to the GP, becoming much more involved in patients' health. Although this might mean more business, it would also mean more responsibility and potentially

more criticism.

"We have to be on our guard and ensure that we do the job well," he said.

If pharmacists were to be paid in a more targeted way for the true professional services, it could mean less pay for routine tasks like dispensing, which would be left to less costly staff, so higher prescription volumes and OTC sales would become an economic necessity.

Pharmacists should therefore concentrate on advice and service and less on technical tasks especially where those tasks were unsuited to their status or education, he said.

The president was speaking at a ceremony to mark the 152nd anniversary of the founding of "The Square."

# Local negotiations are the key to change

**Some of the greatest threats to the future of pharmacy come from within and the profession must grasp the mantle of change to ensure its survival, was the resounding message from the conference's guest speakers**



Ian Carruthers

"It is disastrous to pretend you can stand still and survive. It is crucial that issues are faced up to," warned Ian Carruthers of the Dorset Health Commission. "The need to promote choice for patients is a driving force for us all."

Commissioning is the way to achieve this and local negotiations will benefit pharmacy more than the current situation, he said.

"The present situation that commissions face is a restructuring of healthcare and healthcare delivery so that there is more emphasis on improving health," said Mr Carruthers.

In future all monies will be pooled across community, primary and secondary care. This will offer pharmacy more than the present system. "It offers opportunities to become purveyors of health. The question is will you rise to the challenge or will you stay looking backwards?"

The future is one of one-stop shopping where the pharmacist can build on consumer trust. But, he warned, this is also where pharmacy can lose if others go forward and it stands still.

Primary care is becoming the principle focus for health and this can be dealt with in the pharmacy setting. This would revolve around input in prescribing decisions, advising on safety of medicines and health promotion.

The priority is in working towards becoming a member of the primary healthcare team but, at the moment, Mr Carruthers fears that pharmacists are too beholden to the GPs. "I believe that link should be broken to satisfy the health needs of the population," he said.

Another great opportunity lies

in health promotion which allows consumers to seek advice on a range of health issues. To do this successfully, pharmacies need to be appropriately located and accredited.

"You need attractive premises and the equivalent of the cost-rent scheme in general

practice to facilitate relocation for pharmacies."

Achieving this will mean a move away from incentives which reward dispensing. "If you remain tied to national prescribing then you must free up for localisation plans," he warned.

## Bright opportunities

"The whole healthcare environment is changing in a way few of us would have predicted at the start of the 1980s," said David Taylor, associate director of health studies at the Audit Commission.

"The truth is that change has been relatively little in the area of community pharmacy but now change is coming here," he said.

This change is allied to a series of threats to the profession: reduced income relative to the volume of work; pressure to eliminate smaller pharmacies; doctor dispensing; and the expansion of the GSL sector.

Another threat, which comes from inside the profession, is the increasing competition between different branches. While Mr Taylor acknowledged that there would always be divisions between hospital and community pharmacy and large chains and independents, he believes there is a need to build and maintain underlying professional accord and mutual respect. The divisions within the profession should be harnessed as the more there are then the greater the threat posed to its future.

Despite these threats, pharmacists have a lot of strengths and opportunities which should see them through the times ahead. Not least of these is the public's familiarity and trust in the profession which, coupled with their increasing importance in the healthcare team and their unique knowledge of medicines, could lead to a great future for pharmacy.

To do this requires future roles which concentrate on the apothecary role of diagnosis and treatment. This links into a separate role as a primary care practitioner bringing hospital skills to the community with further roles as public educators and medicine and healthcare managers which build on the



David Taylor

concept of public healthcare pharmacy.

To lay the foundations for professionalism in the 21st a new voice needs to be established which addresses the overall health agenda rather than just talking about pharmacy.

"Some times professions become concerned with their own structure and future and that is when they are likely to lose sight of their future," he said.

**Call for strong LPCs**



Clive Parr

"There is a need for strong LPCs to undertake negotiations with health commissions," was Clive Parr's advice.

Mr Parr, chief executive of Worcester and Hereford FHSAs believes that the future will see a system of both central and local negotiations. The core pharmaceutical service will continue to be negotiated centrally but much, such as purchasing services, will be left to be negotiated at a local level. Purchasing, of domiciliary services and home aid schemes, will be primary care led where pharmacists have a key role, he said.

Another possible role for health commissions would be in regulating the opening of pharmacies. This would result in pharmacies being encouraged to open up in areas where they currently do not exist.

"In some cases [local authorities] can prevent the opening of pharmacies that might undermine the services being provided by pharmacies regarded as essential," he said.

With commissions wielding such power, Mr Parr hopes ways can be found to establish and build on relations between the profession and the health commissions.

## Living back

- "Unless we are able to influence change it will happen around us," Jeffrey Max, Liverpool LPC.
- "Change is overdue. PSNC, to its credit, has tried to change but failed. It is up to us to give them the motivation to change," Adrian Korsner, Barnet LPC.
- "You are going to miss a golden opportunity if ways cannot be found to link your services and skills with the healthcare team," Clive Parr.
- "We don't need pharmacies in health centres, we need pharmacies where people can access them easily. We need pharmacists in health centres," John Donoghue, Liverpool LPC.
- "I think it fair to say that FHSAs are completely dominated by general practice," Ian Carruthers.
- "FHSAs, if we are not careful, are going to be running pharmacies," Dr Hopkin Maddock, Cornwall & Isles of Scilly LPC.
- "If we ring-fence pharmacy's money we can't be entitled to go and get a part of someone else's budget, which I see as an opportunity," Alan Crabbe, Mid-Glamorgan LPC.
- "The sign of a civilised society is how it looks after its weakest members. Pharmacy should not be found wanting," Peter Curphey, Isle of Man.

# PSNC structure to be subject of working party review

While the chair of PSNC escaped attempts to limit its term of office, a motion calling for a working party to review the structure of the Committee was carried by the conference.

In the afternoon session only around half of the tabled motions were debated in the allotted three hours. Those remaining will be discussed at a meeting in Birmingham on May 15.

Hertfordshire LPC's motion recommending that PSNC's chairman should not serve for a period of more than two years and in exceptional circumstances, no more than three, was amended by Kent LPC to three years and four years respectively.

Proposing the motion, Michael Richard said that while the chairman should be articulate, the emphasis should be on team expertise and not a one-man band approach.

"It is unthinkable that only one person in the whole profession should be able to hold the chair until he decides to step down."

However, Ronald Dawson (Manchester LPC) dismissed the argument as "a load of nonsense". As the chairman of PSNC has to be elected annually, the opportunity already existed for someone to stand against the present chair in a ballot.

Kent LPC's Steve Martin said the motion was not a direct attack on David Sharpe, a sentiment echoed by Barnet's Adrian Korsner, who said that any public company that was not doing well would look to make changes.

Also lost was a late motion from Barnet LPC calling on PSNC to reduce its Committee to not more than 16 members.

"PSNC in its present form is not working," said Mr Korsner, proposing the motion. "A massive restructuring of the NHS machinery must be met with our own restructuring."

He suggested one rep from Wales, four from the CCA, one from the CPTP, 8 from the regions, one from NPA and one from the Society.

Opposing, David Plumb, (regional rep for Wessex) said that reducing the number of elected reps meant that each had a larger area to cover and this presented problems if they were also a hands-on pharmacist.

Region One rep Allen Tweedie said that PSNC was too big and the numbers needed to be reduced to give more efficient debate. However, Leslie Calvert (PSNC rep, Sheffield) said: "16 members will talk as long as 25 but at least with 25 you get proper input from all the regions."

However, delegates did vote to accept a motion setting up a working party to investigate PSNC's constitution. Amendments extended the working party's remit to cover



Michael Richard



John Donoghue

LPCs and bound PSNC to act on its findings.

Proposing the original motion, Hertfordshire's Brian Simpkins said that PSNC was doing its best but its best was not good enough. "Unless we change we won't

survive let alone prosper."

Seconder, Ralph Lightstone suggested that the working party should report by September 1 and its findings be implemented by April 1, 1995.

Liverpool's motion calling for a

"competent and experienced practice development officer" to be appointed and resourced by PSNC was also carried.

Proposer John Donoghue said that pharmacists needed hard evidence to prove that they were value for money and that paying for their services was an investment and not a liability.

"There is no doubt in my mind that this will be the single most important thing we do today to ensure our future," he said.

A similar motion from Barking & Havering calling on PSNC to employ a health economist and a social scientist was carried without debate.

Delegates also voted:

- to reconsider compensation for pharmacists dispensing more than 500 but less than 1,500 scripts a month, should they wish to surrender their NHS contracts.
- for additional monies to be available to cover the cost of attending educational courses.
- to urge PSNC to oppose the principle of transferring any part of the global sum to local control.

## Sharpe: No offer on pay as confusion reigns

Despite a 20-minute phone call to the Secretary of State for Health, in the middle of the morning session of the LPC conference, PSNC chairman David Sharpe was unable to tell delegates any news on pay.

"Don't shoot the messenger", was his plea as he explained that Mrs Bottomley was "concerned to clear the log-jam". The Secretary of State was in listening mode, he said, a comment that brought wry laughter from delegates.

Although there was still much confusion over the changes for 1995, Mr Sharpe was optimistic that PSNC was to meet with Health Minister Dr Mawhinney as soon as possible. Arranging such meetings had been the stumbling block in the past, he said.

Giving delegates an update on remuneration, Mr Sharpe's message was that change was here to stay.

"It is clear that all of you accept that there will be change and devolution to local authorities. We've got to be certain that change occurs at a rate that we control, not the Government," he said.

There was still confusion over what was likely to be involved in the devolution of a proportion of the global sum to local authorities.

The Government had undertaken to publish discussion papers on three of the seven subjects comprising the national

menu in February and on the remaining four in March. The Committee is still waiting for this information.

Turning to 1995-96, Mr Sharpe forecast the following points:

- Professional allowance up from 9 per cent to 15 per cent, assuming a figure in the region of £10,000.

From 1996, the PA would only be paid to pharmacies doing over 1,500 prescriptions a month. However, PSNC was pressing for the transitional arrangements for those dispensing between 1,000 and 1,500 scripts a month to be made a permanent fixture. There would be no PA for those doing less than 1,000 a month, he said.

- The PA to be based on the current criteria — threshold, practice leaflet and health promotion leaflets — with the addition of PMR, possibly for all patients, audit and continuing education.

- A flat fee in the region of £1.
- Non-core items reduced to payment for oxygen and pre-registration training grant.

- Local budgets, forecast at 3 per cent, to include the seven items on the national menu plus audit and professional education for contractors below the threshold.
- PSNC was dissatisfied with the current expensive prescription allowance and would press for this to be changed.

Mr Sharpe also spoke about the new roles for LPCs and said it was

"bordering on incredible" that five Committees had had no nominations for membership elections. "To say that contractors in those areas will be at a disadvantage is a masterpiece of under-statement," he said.

The LPCs' new roles meant they would have to look at the number of outlets necessary in a given area and at equitable targeting and selection. It was also vital that they build up good working relationships with the local pharmaceutical adviser.

PSNC would have to train and assist LPCs in local negotiations and this would be done by a series of roadshows and NHS bulletins, he said. LPC secretaries should ensure they told PSNC about any local negotiations that were taking place to avoid underselling themselves.

In the following discussion, Mr Sharpe said he believed that the DoH was prepared to move on repeat prescribing, possibly with a 28-day maximum limit.

Dennis Ogle (Hereford & Worcester LPC) said it was more likely to be seven days for immediate therapy, 28 days for investigative treatment and 56 days for maintenance.

Gawin Dent (Northumberland LPC) said that private scripts written for NHS patients for items costing less than £4.25 would have a knock-on effect on script numbers in relation to the professional allowance.

## A limited local success

Pharmaceuticals are an ideal product for a region distant from its markets — which N Ireland is. Years ago I had felt that medicines might become our "Swiss Watches". Medicines require a skilled workforce, are small and easy to transport and are highly profitable.

The Republic of Ireland recognised this a long time ago and its economy benefited greatly by attracting multinational drug companies to remote areas. Most of the world's Panadol tablets are now manufactured in Co Cork! It is disappointing that N Ireland failed to do likewise but we should be proud of two local manufacturers, Norbrook Laboratories who specialise in veterinary medicines and Galen.

The success of Galen as a manufacturer of medicines,

## My gripe is at the increased costs imposed on my business by branded generics

is commendable and, in view of the disadvantages that N. Ireland companies experience generally, I have the greatest praise for all involved. The company brings much needed employment to a deprived part of N. Ireland.

But enough of the praise. Galen is a home grown initiative which has identified its strengths in branded generics. Their representatives are effective in convincing GPs that prescribing their branded generics saves the NHS money. I have done the sums and disagree. But my gripe is not at increased NHS costs, but rather at the increased costs imposed on my business from holding Galen's branded generic, the branded product and the suitably priced generic I need to dispense against generic prescriptions, otherwise I will not be fully reimbursed.

I admit that sugar free Galenamox Suspension has an advantage over the generic sugar-based amoxycillin suspensions but where are the benefits of Galenamox capsules and Galenamet over amoxycillin capsules and cimetidine?

Doctors are being influenced to write the Galen branded generic name on prescriptions as they feel they will be helping local industry. No doubt there is merit in this but community pharmacy should not be disadvantaged. I would expect Galen to consider helping us with the extra costs. Written by a practising Northern Ireland community pharmacist.



## Xrayser put to sleep by 'patronising' Whitehall...

The row that has blown up over Whitehall laboratories exclusive three month test market of Medinex in Boots was really no more than they deserved but they then compounded their problems by issuing a patronising press statement justifying their action on the grounds of protecting me from unnecessary investment in a new product (C&D February 26 p326).

Since when did I ask or indeed receive the protection of the pharmaceutical industry? I consider I have now been in business long enough to make my own buying decisions without being patronised by Whitehall Labs, particularly when their protection runs to exclusively launching a nationally advertised brand in my major competitor!

As it is, the size of the market demonstrates the colossal consumption of sedative benzodiazepines and the OTC success of Nytol, Sominex and herbal sedatives, but I have yet to be convinced that a liquid preparation — at £3.19 for a maximum of ten doses — will attain significant sales against the more convenient and cost effective solid dose forms. But that is

the unenviable job of Whitehall's representative when he seeks my orders confidently armed with all those spectacular test market statistics!

What I find more worrying is that all these OTC products are licensed and promoted for the treatment of temporary sleeplessness but are being taken by patients, many of whom are petrified of becoming dependent on "sleeping pills"! Insomnia is indeed a very distressing condition, but its treatment should only involve the use of drugs when under strict medical supervision. I consider a very rapid dependency will be the result of the current upsurge in OTC products activity and, whether the packet states temporary or not, long-term markets are being established which exploit the misery of the insomniacs craving for sleep.

## ...and sniffy about menthol cones

Despite the best efforts of the pharmaceutical industry a few old fashioned remedies still survive. Menthol cones, for example, still sell well, being mysteriously used for everything from migraine attacks to hayfever.

Their effectiveness is not in dispute — who am I, a mere stripling, to dare question the combined wisdom and experience of so many dear old battle axes — but I am being criticised increasingly by these irate seniors as another innocent but malfunctioning cone is returned for replacement.

Unscrewing the small plastic domes would defy a hefty spanner, let alone a pair of elderly arthritic hands, but when at last freed they all gleefully release their contents to roll under the nearest inaccessible bench. If retrieved then no glue known to man seems able to stick them back.

I have developed a keen sense of hearing to detect errant examples before sale but, not to be fooled, their latest ploy is to crack in the middle when my normal foolproof shake detects no tell-tale rattle. However, on removing the dome, off it rolls again!

If I am to continue to sell these anachronistic survivors of a bygone age then surely some enterprising manufacturer can invent a product which would superficially look like a menthol cone. This would actually contain a solid dome of menthol which would unscrew when asked, stay glued to its base and not break in two at the earliest opportunity! I know it would lack the glamour of tradition, the excitement of discovery and the thrill of the chase but, in my nether years, equanimity is all I crave.

## Full-time LPC secretaries a necessity

According to Stephen Axon, secretary of the Pharmaceutical Services Negotiating Committee, the appointment of secretaries to local pharmaceutical committees is a local matter but, nevertheless, it must be accepted that an efficient secretary is vital for any committee which is properly to represent its contractors after 1995.

If my local Family Health Services Authority is any guide then pharmaceutical advisors to FHSAs have rapidly become indispensable, and full-time LPC secretaries cannot be far behind. All LPCs must now look critically at their own secretarial arrangements and actively consider emulating Barking & Havering and Redbridge & Waltham Forest (C&D February 26, p372).

It will soon be essential that not only will all LPCs need full-time secretaries, but that the calibre of those secretaries will need to match the quality of those FSHA officers with whom they will be dealing. PSNC should prevaricate no longer and not only positively recommend the employment of permanent LPC secretaries, but issue strong guidelines to ensure the quality of those appointments.

# Topical REFLECTIONS

NEW

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# Medical matters

## Integrated care and peak flow meters

Integrated care for asthma and the use of peak flow meters were two areas covered by papers in the latest *British Medical Journal*.

As part of the Grampian Asthma Study of Integrated Care (Grasic) researchers evaluated the effectiveness of shared care in asthma management. The study found that integrated care for moderately severe asthma patients is as clinically effective as routine outpatient care. Integrated care produced substantial cost savings and, more importantly, patients preferred it.

In another Grasic study, routine self monitoring of peak flow was assessed for asthma outpatients. From the randomised

trial of more than 800 patients the researchers discovered that patients randomised to receive a peak flow meter and self-management guidelines experienced little clinical benefit over the course of one year. They suggested that peak flow meters as self monitoring devices should be targeted at patients whose asthma is more severe or difficult to treat.

An Australian study, reported in the same issue of the *BMJ*, investigated whether mini peak flow meters, which may give inaccurate absolute values, can indicate clinically important changes in lung function.

The peak expiratory flow of 12 asthmatic boys was measured

twice daily for three months using a spirometer and at least one of four brands of a mini flow meter.

The spirometer detected 26 episodes of clinically important deterioration in lung function. One mini flow meter detected six of 19 episodes, one detected six of 15, one detected six of 18 and the other three of 21.

The authors say the findings do not mean that home use of peak flow has no place in childhood asthma, but that the values should be interpreted cautiously.

## Widespread ignorance

Despite the numerous articles about thrush in newspapers and the women's Press, many women are still confused about the causes and treatment of the condition.

A survey of more than 1,400 women, carried out on behalf of Bayer, revealed that 70 per cent of women did not know that antibiotics can cause thrush and 60 per cent were unaware that wearing tight or synthetic clothing can trigger an attack. More than three quarters of those surveyed did not realise that repeated attacks may be due to re-infection from their untreated partners.

## Eradication and ulcer healing with triple therapy

A one-week regimen of bismuth, tetracycline and metronidazole for patients with *Helicobacter pylori* and duodenal ulcer eradicates the organism and heals the ulcer in most patients, concludes a report in the *The Lancet*. In addition, the researchers found that adding omeprazole to the triple therapy reduces ulcer pain more rapidly, but as it has no effect on ulcer healing, administration for more than one week is unnecessary.

It has previously been shown that eradication of *H pylori* at the same time as acid suppression, using H<sub>2</sub>-antagonists increased the rate of ulcer healing. However, it was unclear whether eradication of the organism alone

would lead to ulcer healing.

In this study 153 patients with *H pylori* and duodenal ulcer were randomised to receive either a one-week course of bismuth subcitrate, tetracycline and metronidazole, or omeprazole for four weeks with the same triple therapy for the first week.

Duodenal ulcers healed in 92 per cent of those taking triple therapy compared with 95 per cent taking omeprazole as well. *H pylori* infection was eradicated in 94 per cent of those who received three drugs compared with 98 per cent of those who received omeprazole as well. The patients who received omeprazole had their symptoms reduced more effectively in the first week.

## Exempt fluoride

The World Health Organisation is calling for affordable fluoride toothpastes for the developing countries. More than 800 million people worldwide benefit from fluorides as a means of controlling dental caries and maintaining oral hygiene.

Fluoride toothpaste is the most widely used method of caries prevention in the world (450 million). More than 100 trials have shown that brushing the teeth with a fluoride toothpaste will reduce the incidence of dental caries by about 25 per cent in only 2-3 years and more than

twice that figure if used consistently from infancy.

However the cost of fluoride toothpaste puts it out of the reach of many of the world's poorer populations. A WHO Expert Committee has suggested a number of measures to promote greater access to these toothpastes including exemption from duties and taxation, arguing that fluorides are added for the sake of public health rather than cosmetic reasons.

This year, World Health Day, which is on April 7, will focus on oral health.

## Script Specials New range of sustained release morphine

Boehringer Ingelheim are extending their range of Oramorph (morphine sulphate) products with Oramorph SR, sustained release tablets. The tablets are available in four strengths: 10mg (60, £6.76); 30mg (60, £16.23); 60mg (60, £31.64) and 100mg (60, £50.10) and are indicated for the prolonged relief of severe pain.

Oramorph SR tablets should be swallowed whole and not chewed. One or two 10mg tablets twice daily (at 12 hourly intervals) is the recommended starting

dosage for treating severe pain. In cases of overdosage with Oramorph SR the stomach should be emptied by aspiration and lavage. Medical staff should be aware that any tablets remaining in the intestine will continue to release morphine sulphate for a period of hours.

Oramorph SR tablets are classified a Schedule 2 Controlled Drug. For further details of dose titration, contra-indications and warnings see the Data Sheet. **Boehringer Ingelheim Ltd. Tel: 0344 424600.**

### Meterfolic tabs

Sinclair Pharmaceuticals say they have modified the formulation of Meterfolic tablets to contain 400mcg of folic acid, the minimum dose required during pregnancy for the prevention of neural tube defects such as spina bifida. The ferrous fumarate content remains unchanged. **Sinclair Pharmaceuticals. Tel: 0483 426644.**

### Dexarhinaspray

Boehringer Ingelheim say they are temporarily unable to supply Dexarhinaspray and regret the inconvenience that this causes. They expect supplies to be available again at the end of March. **Boehringer Ingelheim Ltd. Tel: 0344 424600.**

### Welldorm products

The NHS Advisory Committee on Hypnotics has recommended that both presentations of Welldorm remain available on NHS prescriptions. However, the basic

NHS price of Welldorm Elixir (150ml) has been reduced from £2.68 to £2.15 with effect from March 1. The NHS price of the tablet presentation remains unchanged. **Smith & Nephew Pharmaceuticals Ltd. Tel: 0708 349333.**

### Enteric coated aspirin

Enteric coated aspirin 300mg tablets are now available from Bartholomew Rhodes through all main wholesalers. The product is packed in a tamper-evident, child-resistant container and is offered initially at an introductory price of £4.89 (100 tablets). **Bartholomew Rhodes. Tel: 0604 882626.**

### Lagap minocycline

Lagap Pharmaceuticals have extended their range of products with Minocycline tablets: 50mg x 84, £27.10 and 100mg x 50, £33.95. **Lagap Pharmaceuticals Ltd. Tel: 0420 478301.**

# STERADENT'S SPARKLING SALES STORY. (WHAT A MOUTHFUL.)



Steradent (with the help of some amusing little TV teeth) is really putting some bite into the growing denture care market.

It's already the leading brand in the cleaner market, with a 52% share that's rising. It's even making considerable inroads into the younger partial denture wearer market.

This year we're rolling out nationally the highly successful 'Happy Teeth' V campaign at a cost of £1million - Steradent's highest spend for years.

And we're introducing three new Steradent products - Fresh, a cleaner

with mouthwash ingredients; Extra Strength, a relaunch of the Deep Clean anti-tartar formula; and new Fixative Cream with a longer-lasting hold and camomile to help soothe sore gums.

So give Steradent extra space.

And get your teeth into extra profit.



# Counterpoints

## Gillette cater for sensitive skin

Gillette are introducing a new product into the disposable razor market with the launch of Blue II Plus, said to be the company's first major innovation in disposables for 13 years.

Company research identified a sector of the male population with sensitive skin. They estimate that 78 per cent of disposable users fall into this category.

Blue II Plus is aimed at these people. It features a longer handle for extra manoeuvrability and control, and a Lubra-strip containing aloe vera and other lubricants to help protect the skin and give a more comfortable shave.

The razor has been given a modern design with midnight blue and green colours and strong Gillette branding.

There are two pack sizes — five razors (£1.55) and ten (£2.79).

The disposable market, in volume terms, has been in decline for the past three years, as consumers have traded up to systems technology. But Gillette estimate the value of the market will rise in 1994.

Trade marketing controller Martin Williams



said: "There's a tremendous opportunity for the trade in the disposables market which has traditionally been under-developed, mainly due to the lack of product innovation and static pricing."

Blue II Plus is expected

to be in full distribution by the end of March. Promotional support will focus on gaining trial for the product and activity includes trial size bags of two razors which will sell at 49p, and trial merchandise. **Gillette UK Ltd. Tel: 081-560 1234.**

Two rechargeable and two battery variants make up the range. The rechargeable HP 2760 and HP 2755 give a maximum of 45 minutes when used with a fully charged NiMH battery or 25 minutes with a fully charged NiCD battery. The other two run

## Philips stay ahead by a whisker

Philips hope to keep their lead in the women's electric shaver market with the launch of four Ladyshavers which can be used in the bath/shower or with creams and foams.

The Aqua range have adjustable shaving foils for use on different parts of the body. The setting for underarms or the bikini line has a fine foil with small round holes to minimise the risk of skin irritation. The leg shaving setting has more oval holes. For longer hairs, there is an additional pop-up trimmer on the top-of-the-range models.

Two rechargeable and two battery variants make up the range. The rechargeable HP 2760 and HP 2755 give a maximum of 45 minutes when used with a fully charged NiMH battery or 25 minutes with a fully charged NiCD battery. The other two run

on 2AA batteries, which give up to 45 minutes of shaving time.

The Ladyshave Aqua range will be available from June, with prices from £21.95-£37.95. All models are contoured to look like a "wave" and come with protective cap, travel pouch and brush.

Philips will support the Aqua range in the second half of the year in the Press and on TV in the last quarter. There will also be PoS material.

• The whole of Philips' domestic appliances and personal care section will be given a boost with a £7 million advertising and promotional campaign.

The main thrust will be the distribution of a colour brochure to eight million households through newspapers. Copies will also be available to retailers. **Philips DAP. Tel: 071-436 1694.**

## Clynomyn joins toothpaste

EC De Witt are launching a gel format toothpolish in their Clinomyn range. In trials, seven out of ten toothpolish users in the 25-34 age group said they would prefer to use a gel.

Clynomyn Gel Toothpolish is gentler than toothpolishes already on the market including their own Clinomyn Smokers gel, say De Witt, and they will be supporting the launch with a television campaign.

Clynomyn Gel Toothpolish comes in packs of 12 and retails at £1.59 for a 50ml tube. E.C. De Witt. Tel: 0928 579029.

## Wisdom cash prize

A cash prize of £2,000, plus champagne for the best retail window displays, are the rewards in toothbrush manufacturer Wisdom's new in-store promotion — Smile Through Life.

All entrants have to do is answer easy questions on the Wisdom

toothbrush range. To support the campaign, Wisdom are offering retailers point-of-sale material which includes posters, showcards and advice leaflets.

Wisdom's distributing agent Tambrands have details of the promotion. **Wisdom: 0440 714800.**



Wilkinson Sword are promoting their Protector razor. Consumers get a free trial size shaving gel with every purchase of the razor. The promotion also includes a £0.24 coupon redeemable against Wilkinson Sword toiletries. The range is being backed by a £5 million television campaign, starting March 14 for six weeks, targeting 16-34 year old men. Wilkinson Sword. Tel: 0494 533300



## Roc's pharmacy boost

To encourage sales through independents, Roc are running an incentive scheme for pharmacists.

Roc stockists will be targeted on key product lines throughout the year and depending on sales made per month, will qualify for gifts including champagne, CD players and weekend breaks.

Roc's Pure Beauty Centre will be promoted

through a Press campaign in *She* magazine from April-November.

Promotional events will be held in Pure Beauty Centres for consumers.

The company has also set up a skincare helpline, which Roc stockists and customers can use. It is available on 0372 749223 on Fridays from 9.30-5pm. **Laboratoires Roc. Tel: 0372 749223.**

## High bulk linseed

A new high fibre food supplement based on refined linseed, Linusit Gold, has been launched by Health & Diet (500g £4.49; 250g £2.49). It is suitable for

slimmers or those with digestive problems like constipation, diarrhoea and in some cases IBS. **The Health and Diet Company Ltd: 0204 707420.**

Now  
Pears  
Pure  
Care  
covers  
the  
market  
from  
head  
to toe.

Pears

PURE CARE

We're so pleased with Pears Pure Body Care that its success has gone to our heads and we are now introducing Pears Pure Hair Care.

The two new reformulated pure and gentle Pears Shampoos, Deep Cleansing and Enriching,

come in  
elegant new  
packs which  
complement  
perfectly



the popular Foam Bath, Shower Gel and Cleansing Bar.

Backed by range support of £3 million on TV and Press in '94, our two newcomers will make

Pears more fruitful than ever!



ELIDA GIBBS  
LEADERS IN PERSONAL CARE

# Aquafresh brush acts on plaque

Aquafresh Flex 'n' Direct is a new toothbrush with a directable head, making it easier to reach those awkward areas of the mouth, say makers Smithkline Beecham Consumer Healthcare.

The brush retains the flexible neck of its sister product, Aquafresh Flex, while incorporating a triangular shaped head in compact or standard sizes. Aquafresh Flex is claimed to be the fastest growing toothbrush brand.

In a trial of patients with crooked teeth, the company claims that the Flex 'n' Direct brush was better than the control brush in reducing plaque and gingivitis.

It is available in a choice of six colours and will retail at an introductory price of £1.99.

The launch will be supported with a £1.5 million television campaign, PR offers and give aways. Dentists will



also be targeted by the company's dental care team. Smithkline

Beecham Consumer Healthcare. Tel: 081-560 5151.

## Unichem extend their range

Unichem have launched a range of Occupational Health products via their Surgical Service.

Formerly run by Moss Industrial, the service offers some 350 lines.

Unichem have extended their baby range with a designer feeding bottle (250ml £1.59; 125ml £1.35) and a bib (£0.99).

The company's sunglasses range for the '94 season comprises a

choice of 18 styles. There are two pre-packs available. One has 72 pieces with a free counter stand holding 36 pieces, with a trade price of £210.60; the other contains 36 pieces plus free stock worth £19.97 and has a trade price of £105.30.

Retail prices range from £4.99 to £8.99.

Unichem. Tel: 081-391 7155.

## On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend	GMTV Breakfast Television	W Westcountry

Anadin Extra:	All areas except GTV, U, STV, Y, TT
Askit powders:	STV, GTV
Bodyform Invisible:	All areas
Colgate Total:	All areas
Ibuleve:	TT
Listerine:	All areas
Oruvail gel:	All areas
Palmolive shower & creme:	All areas
Radox herbal bath:	All areas except CTV, GMTV
Rennie Rap-eze:	All areas except CAR
Remegele:	All areas except CTV
Simple skincare:	C, A, HTV, W, M, CAR, C4
Solpadeine:	All areas except U, CTV, TTV
Steradent:	All areas except A, BSkyB, GMTV, C4, S
Sudafed:	CAR, C, G, Y, HTV, STV, G, B
T Gel:	W, G, C4, STV, HTV, M, BskyB, LWT

## Sound of Hint of a Tint ...

Hint of a Tint will be making waves from the end of March with a six week advertising blitz on the long-wave station Atlantic 252.

The campaign will run for six weeks and new POS material, shelf edgers and till stickers and counter display units are available to complement the advert. Promotional deals are available from wholesalers.

Atlantic 252 is the UK's largest young commercial station and well over a third of its listening audience fall into the target age group for the colourant. Keyline Brands. Tel: 081-579 8991.

## Make bath time fun

Pop-Out Wet Play is an educational toy that children can play with in the bath.

Alphabet letters in soft foam will stick to any surface once wet. They come in cartons of six packs at £4.75 per pack of 26 letters or cartons of 24 packs at £4.55 per pack. Brainstorm. Tel: 0342 312681.

## Pears cares for hair

Elida Gibbs are reformulating Pears Shampoo as Pears Pure Hair Care, bringing it in line with the Pears Pure Body Care range.

The shampoo is available in two variants: Deep Cleansing, which is gentle on hair and causes no build up; and Enriching, with added conditioners to strengthen

hair. Both contain extracts of avocado and lime essence.

The 300ml bottles retail at £1.69 and have been packaged to complement the rest of the range.

The Pure Care lines will be backed by a £3 million Press and television advertising campaign. Elida Gibbs. Tel: 071-486 1200.



## Shimmer with Ultraglow

Get the look of the sun without the damage with Ultraglow's new Aloe Vera Shimmer Bronzing Gel (£6.95).

It gives a natural looking gel and a subtle shimmer, say Ultraglow.

The Ultraglow range of lipsticks has been extended with six new colours (£3.95 each), including three pinks and three neutrals. Ultraglow. Tel: 0206 576611.



Radox Herbal Bath is being supported by a £2 million television campaign running for ten weeks. The advertisement shows a woman unwinding in a Radox bath and highlights the "secret blend of 12 herbs". Sara Lee. Tel: 0753 523971

## Cutex Spring colour

Colour Reflections from Cutex is a collection of Spring shades.

The Perfect Control Lip Liner (£2.65) is an addition to the range available in four shades. The liner is twist up and self sharpening.

Aqua Moist lipstick (£3.99) and Strong Nail Polish (£2.95) are in new Calypso Crush and Spice Island. Rimmel International. Tel: 0233 625076.



# The No.1 treatment for heartburn is going from strength to strength<sup>1</sup>

When your customers have **severe or frequent symptoms of heartburn**, give them new **Extra Strength** Gaviscon 500 tablets.

The new **Gaviscon 500** OTC dedicated tablets are **lemon flavoured**, a taste that will attract new customers to the brand according to consumer tests, and generate extra revenue for you.

Remember that Gaviscon relieves the pain of heartburn in 4 out of 5 customers.<sup>2,3,4</sup>

So if they've got **severe symptoms of heartburn**, give them new **Extra Strength Gaviscon 500** lemon tablets.



## GAVISCON

Keeps acid where it works,  
not where it hurts

### Gaviscon Essential Information

**Product Information.** Active Ingredients: Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph Eur 267mg, calcium carbonate Ph Eur 160mg per 10ml dose. Gaviscon 500 Tablets: Alginic acid BP 500mg, sodium bicarbonate Ph Eur 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph Eur 25mg per tablet. Gaviscon 250 Tablets: Alginic acid BP 250mg, sodium bicarbonate Ph Eur 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph Eur 12.5mg per tablet. **Indications:** Liquid Gaviscon & Gaviscon 500 Tablets: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Liquid Gaviscon: Adults and children over 12: 10-20mls liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 500 Tablets: Adults, children over 12: 1 or 2 tablets after meals and at bedtime. Children under 12: not recommended. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets as required. Children

under 12: Not recommended. Chew tablets thoroughly before swallowing. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 500 Tablet contains 2.1mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail Prices:** Liquid Gaviscon 100ml £1.60, 200ml £2.86, Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/01140 Liquid Gaviscon Peppermint Flavour, 44/0141: Gaviscon 500 Tablets, 44/0103 Gaviscon 250 Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **Holder of Product Licences:** Reckitt & Colman Products Limited, Danson Lane, Hull HU8 7DS GAVISCON and the sword and circle symbol are registered trademarks. **Date of preparation:** 25/1/94. **References:** 1 Taylor Nelson Counterpoint MAT to June 1993. 2 Chevrel B (1980) *J Int Med Res* 8: 300. 3 Ward A E (1989) *Br J Clin Pract* 43: (2) Suppl 66: 52. 4 Williams D L et al. (1979) *J Int Med Res* 7: 551.

**RECKITT & COLMAN**  
PRODUCTS

ADVERTISEMENT FEATURE



# The 20th century answer to a natural, healthy tan

**Extensive media coverage on the harmful effect of the sun's UVA and UVB rays on the skin, has led to consumers using instant tanning products as the healthy way to achieve that sun-kissed look. One instant tan range that will be of particular interest to consumers this year is Yardley's Easy Bronze, featuring the new Gel Stick**

Easy Bronze provides a high-quality instant tan, and is one of the only ranges on the market containing UVA and UVB sunscreens. The new Gel stick, launched in independent chemists this month, is a light, translucent body bronzing gel in a practical stick form, with twist-up mechanism. Ideal for legs, the Gel Stick retails at £5.25, and is a perfect complement to the rest of the Easy Bronze range.

## From head to toe

For the body, Easy Bronze body gel provides maximum protection from UVA rays. Price £5.25 for 150 ml. For the face, a smooth cream in a versatile handbag-sized 50ml tube, is ideal for sensitive facial skin £4.95.

The shimmering, ultra-fine bronzing powder, available in a matt, mirrored compact, can be used on cheeks and eyelids, as well as on the body. It can be worn on its own, or to enhance Easy Bronze cream or gel, and may also be applied with other cosmetic products, to achieve a natural, tanned look. Price £4.95.

## Skincaring

While Easy Bronze creates an instant golden tan on the face and body, it really cares for the skin. It contains UVA and UVB inhibitors to protect the face and body from ageing and unburn, and is enriched with sodium PCA (part of our natural moisturising mechanism).

Vitamins A and E have been added to the body gel and face cream to help keep skin moisturised, soft and supple. The range is dermatologically approved, fragrance free, and is not tested on animals.



Sue Harvey, international marketing manager for cosmetics and skincare at Yardley, says: "The Easy Bronze range will give consumers new confidence in instant tan products. They will find a refreshing difference between the high quality of Easy Bronze and the old-style semi-permanent fake tans. With its caring, protecting and replenishing properties, the Easy Bronze range is definitely the 20th century answer to a natural, healthy tan."

If you would like to know more about Yardley's Easy Bronze range please contact Frank Maides on 0268 522711.

## Hot tips for an instant tan with Easy Bronze

How you apply the product is vital to its success.

1. Always thoroughly massage the face cream or body gel into your skin, to avoid streaking. The face powder can be applied with the puff supplied, or with a powder brush.
2. Leave elbows, knees and the backs of your ankles until last. Having applied Easy Bronze to the rest of your body, use only what is left on your palms for these tricky areas.
3. Remember, it's always easier to apply thin layers first, to ensure the tan you achieve is not darker than required. You can apply more as necessary (depth of colour is determined by the amount of product used).
4. Always wash the palms of your hands immediately after applying Easy Bronze.

## Your questions answered

**Q:** Is there an artificial tanning product which can be applied and removed easily, so I do not have to wait for the tan to fade if I am unhappy with the application?

**A:** As the name implies, the Easy Bronze range can be applied instantly and washed off immediately with soap and warm water. This means you can alter the type of tan you are looking to achieve straight away — no painful wait!

**Q:** How will I know how much protection from UVA and UVB rays Easy Bronze gives me?

**A:** First check the Sun Protection Factor (SPF) number on the front of the product, to ensure it affords appropriate protection against UVB (burning) rays for your skin type. (SPF4 means that you will be protected from UVB for four times longer than you would without protection, depending on how easily your skin burns and how strong the sun is.) Then look at the back of the pack to compare the star rating for protection against UVA rays. Those with sensitive or fair skins should be protected with Maximum (4\*). Easy Bronze products are marked with a star rating system \*, because this concentrates on the degree of protection they provide from UVA rays (which are the main cause of premature skin ageing).

These ratings are:

\* Moderate; \*\* Good; \*\*\* Superior; \*\*\*\* Maximum.

**Q:** How do I know which Easy Bronze shade is right for me?

**A:** We recommend you carry out a skin patch test on the inside of your wrist so you can see if the finished colour is what you are looking for. Those with fair skin should try Sheer Gold, while Sheer Copper is best for dark skin.

\* The UVA star rating system was developed by Boots Suncare Laboratories

# New-look Savlon to educate consumers

Educating consumers about the versatility of Savlon by means of a six-month poster campaign spearheads Zyma's support for 1994, as the brand celebrates its 40th birthday.

The poster campaign runs for six months and is the longest and most costly the company has done. Using the catch line "Apply some savvy, apply some Savlon", there are nine posters emphasising different uses for products in the range.

The posters will be complemented by a PR campaign and Savlon cream and liquid are being repackaged.

The cream now comes in a laminar tube and the new packs are blue and white. The 30g packs offer an extra 10 per cent free.

On the liquid, the company's research shows that larger volumes tend to be used for disinfecting and smaller sizes as an antiseptic. They have renamed the 750ml size Concentrated Disinfectant, and the 250ml and 500ml sizes Concentrated Antiseptic.

The largest size now has a blue cap, the others have white caps. All packs have a resealable label which



explains product uses.

Savlon Dry Skin, which has also been relaunched (*C&D* February 19, p288), should see new products in 1995. This year, Zyma are spending £30,000 to provide each pharmacy

with a pump dispenser and leaflet holder to encourage trial.

The company also has plans for Savlon Barrier Cream for 1995. **Zyma Healthcare. Tel: 0306 742800.**

## Wash & Go again

Procter & Gamble have reformulated and relaunched their successful Wash & Go 2-in-1 shampoos with heavier Vidal Sassoon branding.

The reformulation addresses criticism of alleged under-conditioning and incompatibility with perms/colouring treatment for the first time since Wash & Go's UK launch in 1989.

The new range has four variants to replace the old green bottles and marks the trend towards tailored products for individual hair types. Balanced conditioning for normal hair, grease-free conditioning for normal/greasy hair, extra body for fine hair, and extra conditioning for dry, permed or damaged hair make up the range.

All are suitable for frequent use as the formulation has been tweaked to give a milder product.

To help consumers choose the right type, the new packaging highlights the different variants with a brightly coloured flash. The bottles themselves have also been recoloured with a softer, light blue.

Relaunched versions of the UK's best selling shampoo will be available from April. Pricing is £1.69 for a 200ml bottle and £1.95 for 300ml. The dandruff and ultra-mild variants remain unchanged.

To support the relaunch, there will be TV advertising with the initial focus on Vidal Sassoon rather than the Wash & Go brand. Unlike previous commercials which concentrated on convenience, the new ones will cash in on the Vidal Sassoon image.

Plans for pharmacy merchandising had not been finalised when *C&D* went to Press. **Procter & Gamble (Health & Beauty Care). Tel: 0784 434422.**

## Alternative allergy relief

Weleda say hayfever sufferers should begin a course of Mixed Pollen 30 as a preventative measure to help prevent or reduce the symptoms associated with the condition.

Mixed Pollen 30 (125 tablets £3.75) contains a homoeopathic dilution of the plant pollens commonly known to trigger hay fever including oil seed rape.

Retailers can take advantage of two seasonal offers on the product from Weleda. The discounted trade price for an outer of three packs is £5.73 compared with £2.55 for a single pack. A dozen packs of the product will cost £19.10 in a 12 for 10 deal.

Copies of a free consumer leaflet "Hay fever and the Homoeopathic Remedy for You" are available from Weleda (UK) Ltd. Tel: 0602 303151.



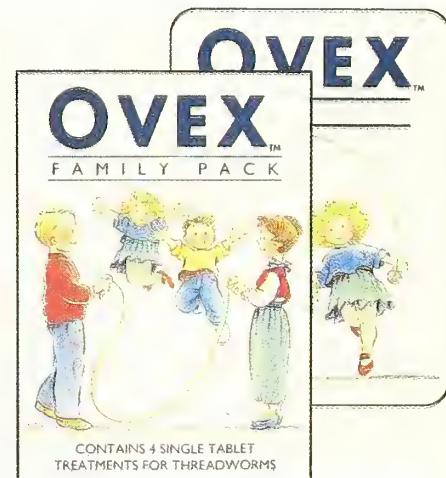
The Inecto Creme Bleach range has been given a new look with updated pink and green graphics and a new illustration. **Keyline Brands Ltd. Tel: 081-579 8991**

## Family pack for Ovex

Janssen are introducing a family pack of Ovex (mebendazole), the single tablet treatment for threadworm infection. The pack of four individual blister packed tablets, available from April, will retail at £5.99.

Graphics on the new pack will emphasise family use to reduce the risk of cross-infection, to be echoed on the individual treatment packs.

A promotional package will be posted out to all pharmacies in early March.



## Numark baby bonanza



Numark are relaunching their bottle feeding range and offering own brand promotions during March.

The bottle feeding range includes character decorated designer bottles (125ml £1.49, 250ml £1.69) with silicone teats and a bottle with latex teat (250ml £1.19).

The teats are available in latex and silicone with both fast and medium flow double packs (silicone, £0.99; latex, £0.75). There is also a nipple-shaped latex teat (£0.49) and a shaped soother (£0.65).

Until mid-March retailers are being offered 10 per cent off normal trade prices, rising to 20 per cent if they order one outer of each new line.

A multibuy offer on baby

Pharmacy assistant material will follow at the end of March. Pharmacists placing early orders will have a chance to win a £20 wine voucher or to be one of the first passengers on Le Shuttle (valued at £280).

The launch will be supported by professional and consumer educational campaigns and a schools programme. Leaflets and POS material will also be available. **Janssen Pharmaceuticals. Tel: 0235 777333.**

Back and joint pains are not the only conditions that can benefit from osteopathy. Migraine, asthma and digestive disorders, seemingly have little to do with bones, but can be helped by massage and manipulation of the joints.

As with many other complementary therapies, osteopathy views the patient as a whole and takes lifestyle factors into account when seeking out and treating the root cause of the problem. However, osteopathy is the first complementary therapy to become a regulated profession.

### Principles

Osteopathy is based on the theory that many ailments can be explained simply on a mechanical malfunction basis. Man has only relatively recently evolved to stand on two feet, and the constant strains placed on the spine — which was not designed to be weight bearing — can eventually take their toll. Misalignments in the vertebrae and other joints can affect other internal organs.

Jane Langer is a practitioner in North London and president of the College of Osteopaths. Most people consult her with back problems but as she digs into their medical history she often finds that they have been suffering from various aches and pains for a long time.

"The initial visit may have been prompted by a dislocation or a bad fall or suddenly their backs have stiffened and they can't stand upright," she says.

"When I question them I find that they may be sitting badly at an office all day or they may be under a lot of mental stress and this tension reflects in the way they hold themselves. They could have been going on like this for years then suddenly they turn in a certain way and their muscles, which normally expand and contract, don't give and a bone becomes misaligned causing the acute problem."

### Initial consultation

The first consultation, which can take up to an hour, is devoted to taking details of the patient's lifestyle and a medical history, including childhood illnesses. The osteopath also checks how the person stands, to see if the limbs and vertebral column are correctly aligned.

Reflexes are tested and various muscles examined to see if there are any obvious restrictions. Both physical and mental stresses can cause muscles to contract, which in turn compresses the vertebral column and indirectly influences the nervous system.

### Treatment

Treatment sessions last about half an hour on average, and Mrs Langer can tell within two to three sessions whether osteopathy is likely to be



conventional medical practitioners, and GPs are increasingly referring their patients to osteopaths.

The Osteopathy Act, with its safeguards against unqualified practitioners, should do much to enhance the therapy's importance as part of mainstream medicine. The Act, passed in July 1993, established a central registering body — the General Osteopathic Council — which will guarantee that whoever is on the register is safe and competent to practise. No-one will be able to call himself an osteopath unless he is registered.

The register, however, will not be fully operational until 1995. Until then, Mrs Langer recommends that people wishing to consult an osteopath should contact the Osteopathic Information Service which keeps a list of recognised schools and qualifications.

"I wouldn't suggest that they look in the Yellow Pages just yet," she advises.

### Training

At present there are five different registering bodies and several different schools but in recent years the schools have been working together to achieve equal standards.

The training takes four years full-time or at least five years part-time. It includes an intensive study of physiology, anatomy and disease diagnosis. Many osteopathy courses now have degree status.

One pharmacist who is enthusiastic about osteopathy is Mrs Langer's husband, Julian. Although he could be accused of bias, he has seen the benefit to customers coming to his pharmacy in East London.

"He is in an area with a high proportion of senior citizens who regularly buy analgesics and liniments for backache. As he gets to know them and realises they are continuing to come in holding their backs he will often refer them to a local osteopath," she says.

- The Osteopathic Information Service, 37 Soho Square, London W1V 5DG. Tel: 071-439 7177.

PULL  
OUT &  
KEEP  
SECTION

## The hands-on approach

**Customers who constantly complain of backache or "sciatica" might benefit from osteopathy, which is increasingly being accepted into mainstream medical practice.**

**Adrienne de Mont reports.**

successful. A sudden, acute condition might be cured in three to four sessions, while longer-standing ailments may need a lot more.

Treatment is not available on the NHS, although some fund-holding GPs are starting to employ osteopaths in the belief that it is more economical than sending patients to physiotherapy departments of local hospitals.

Treatment sessions cost between £20-25 each in the London area and £15-20 in the rest of the country.

Osteopaths often work in conjunction with doctors, for example, in arthritis where anti-inflammatory agents and analgesics may be needed. "We do not claim that osteopathy cures pain, but we can try to help arthritic patients keep as mobile as possible," says Mrs Langer.

The benefits of osteopathy in migraine, headaches and asthma, all conditions aggravated by stress, result from the relief of tension, she believes.

Many back problems can be

traced to pregnancy, when hormonal changes result in the softening and misalignment of bones in the pelvic area.

Treatment once a month after the third month of pregnancy, followed by another session six weeks after the birth, can help the pelvis return to normal.

### Success

The success rates of osteopathy can be between 80-100 per cent, depending on the affliction and whether the underlying cause can be treated. "A simple dislocation can be cured quite easily but if the patient continues to spend his working life twisted over a computer, then the condition may recur because the root cause is still there," she says.

A woman who suffers from migraine just before her period, for example, would be advised to have regular treatment once a month.

### Standards

Osteopathy is one of the complementary therapies which seems to have gained the greatest acceptance with

# How urgent is urgent?

The term "urgent" is very widely interpreted by GPs in Mid Glamorgan concludes Andrew Burr, from his audit of "urgent" prescriptions and out-of-hour visits in the region. Mr Burr is an independent pharmaceutical adviser to Mid Glamorgan FSHA

There are occasions when a GP may write a prescription outside the normal working hours of the local community pharmacy. Where deemed necessary, a pharmacist may be called out by the prescriber or the police to dispense the "urgent" prescription.

What determines an "urgent" prescription has not been defined, although the remuneration system for pharmacy contractors lists four categories. These depend on the time of dispensing and whether the pharmacist lives at the premises or has to travel in to dispense the prescription.

Between January 1, 1992 and June 30, 1993, a total of 1,066 urgent prescriptions were written by GPs and dispensed by community pharmacists in Mid Glamorgan. The cost in terms of pharmacist call-out fees alone was over £15,000.

Of the 107 GP practices in the authority, three-quarters had issued at least one such prescription during the study period. But there was considerable variation in the extent of prescribing urgent prescriptions, with most practices writing fewer than ten prescriptions.

Urgent prescriptions were most frequently dispensed for GP practices in the Cynon and Lower Rhymney Valley (Fig. 1). In contrast, only nine urgent prescriptions were written by GPs in the Merthyr district during the 18-month period.

There was no correlation between the number of out-of-hours visits claimed and the number of prescriptions issued by the practices (Figure 2). This suggests that the variation in prescribing was not simply due to out-of-hours visits.

The wide variation in pharmacist call-out rates in poor socio-economic areas such as Merthyr and the Cynon and Upper Rhymney Valleys would suggest that neither deprivation nor patient expectations *per se* were major contributing factors. It would appear that the problem is mainly GP-led, which poses the

Continued on p iv

**Table 1**  
Examples of some bizarre items written on urgent scripts

- Aqueous cream
- Abidec vitamin drops
- Anthisan cream
- Adifax (appetite suppressant)
- Chloraseptic throat spray
- Codeine linctus
- Difflam oral rinse
- Simple linctus
- Tyrozet lozenges

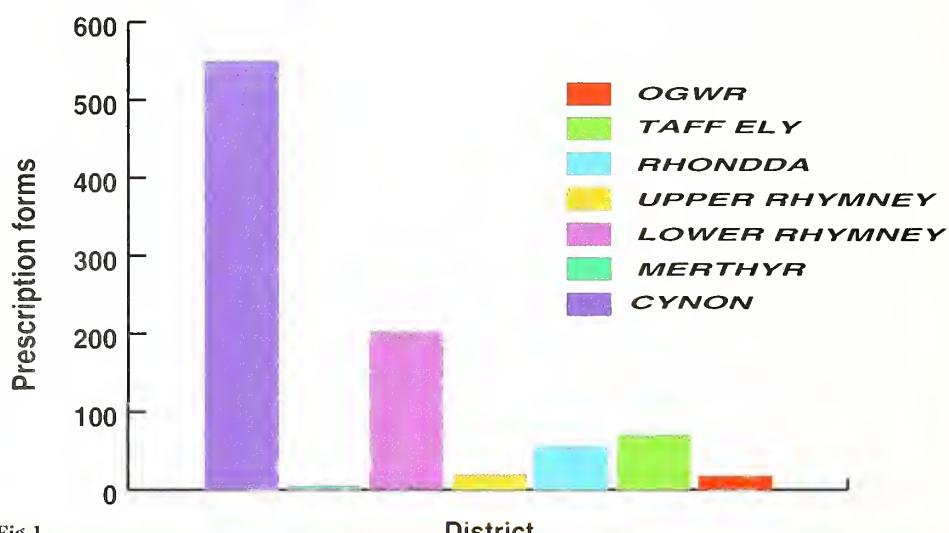


Fig 1

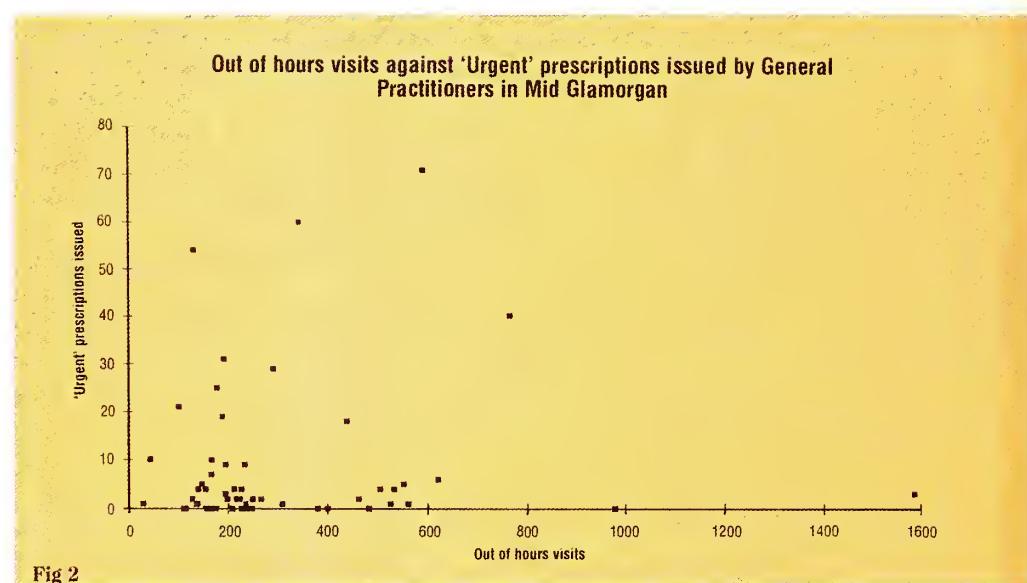


Fig 2

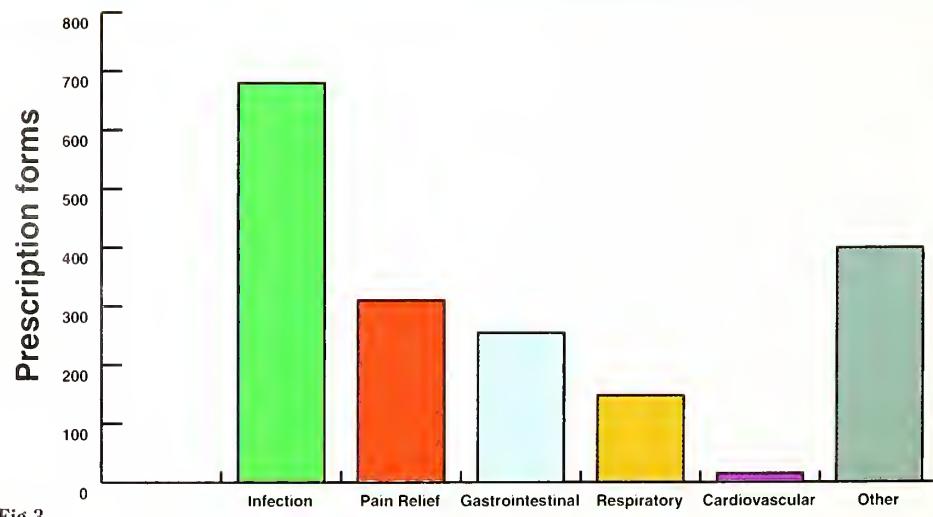


Fig 3

# FOR CRYING OUT LOUD



# *Follow head lice Rotational Policy*

**FULL MARKS®**

**PRIODERM® CARYLDERM®**

malathion 0.5% w/v      carbaryl 0.5% w/v

phenothrin 0.2% w/v

**ABBREVIATED PRESCRIBING INFORMATION** CARYLDERM® Lotion, FULL MARKS® Lotion and PRIODERM® Lotion **Indications:** CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion: Treatment of head lice infestation. **Active ingredients:** CARYLDERM Lotion: carbaryl 0.5% w/v. PRIODERM Lotion: malathion 0.5% w/v. FULL MARKS Lotion: phenothrin 0.2% w/v. **Dosage and administration:** Sprinkle onto dry hair and rub gently into the scalp until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for at least 2 hours. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead lice and eggs. **Contra-indications, warnings, etc:** Not to be used on infants under 6 months of age except on medical advice. Avoid contact with the eyes. Skin irritation can occur. These treatments may affect permed, coloured or bleached hair. Do not use these products if you are sensitive to any of the active ingredients. CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion contain isopropyl alcohol which may exacerbate asthma or eczema. As they are also flammable, apply and dry the hair with care and do not use artificial heat. **Pricing:** CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion: 55 mL £1.595 (R) £2.80; 160 mL £2.845 (R) £4.99. **Product licence numbers:** CARYLDERM Lotion PL 0337/0038, FULL MARKS Lotion PL 0337/0153, PRIODERM Lotion PL 0199/5002R. **Product licence holders:** Napp Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 4GW, UK. (CARYLDERM Lotion, FULL MARKS Lotion). Prior Laboratories Ltd, (Malvern), Worcester, UK (PRIODERM Lotion).

Further information is available on request from: Napp Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW UK.



Continued from p ii  
question why so many prescriptions are designated urgent in certain areas of Mid Glamorgan.

The findings also suggest that the differences between districts is likely to be due to variation in GPs' own assessment of which scripts should be defined as "urgent" to justify a pharmacist having to be called out.

Apart from the number of urgent prescriptions, the types of drugs defined as urgent were also assessed. Again there was a wide variation in the types of drugs prescribed, although most were symptomatic rather than chronic treatments.

Over half the prescriptions included an antibiotic, usually a broad spectrum penicillin (Fig. 3). About 10 per cent of all urgent prescriptions included paracetamol suspension 120mg/5ml, which was the most commonly prescribed item.

Laxatives, anti-diarrhoeal agents, antacids and ulcer-healing drugs were also frequently prescribed. Respiratory preparations ranged from simple cough remedies to bronchodilators. Cardiovascular drugs were rarely prescribed. Less frequent, but of equal concern, were urgent prescriptions for dermatological conditions.

The table lists some of the more bizarre items appearing on urgent prescriptions.

Although some of the items

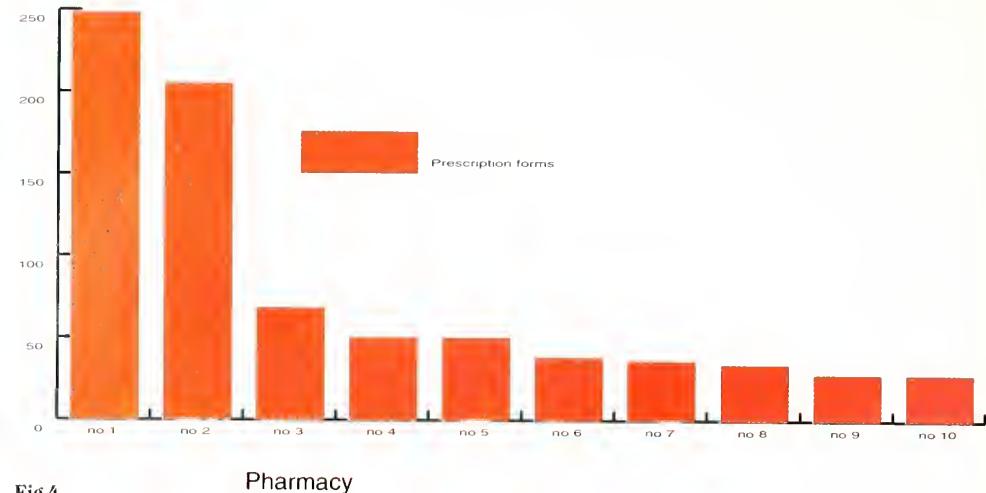


Fig 4

#### Pharmacy

prescribed could reasonably justify a pharmacist being called out, most could not be classified as urgent. Clearly the out-of-hours pharmaceutical service in certain areas of the authority is being abused.

Although about two-thirds of pharmacies had dispensed some urgent prescriptions, most dispensed fewer than ten. Many pharmacies dispensing urgent prescriptions were independent rather than larger national multiples. This difference is likely to be due to the proximity of the pharmacist to the premises. In some cases, the pharmacist was actually resident at the premises.

The number of urgent prescriptions dispensed by the ten most frequently used pharmacies for the out-of-hours pharmaceutical service shown in Figure 4. Most prescriptions were dispensed at these ten pharmacies, with two pharmacies, both situated in the Cynon Valley, dispensing over 75 per cent of all the urgent prescriptions issued within Mid Glamorgan.

The findings cast grave doubt on the ability of some practices to define urgent. Such abuse of the out-of-hours service suggests that there is a need to define the term properly.

One of the major problems

with the current system is that it relies on the prescriber to inform the patient of the urgency for the initiation of treatment. The pharmacist called only finds out what has been prescribed when the patient's representative arrives at the pharmacy.

Despite the relative low cost of many of the items prescribed, the subsequent inappropriate use of the out-of-hours pharmaceutical service means that resources are wasted. This apparent GP-led problem warrants further examination to identify how the out-of-hours service could be improved.

Skin deep

Savlon FIRST AID KIT

Savlon antiseptic cream

Savlon antiseptic cream

Savlon antiseptic cream

Savlon BARRIER CREAM PROTECTION FOR WORKING HANDS

Savlon NAPE FOR PROTECTION A

# The chosen few

**Technological advances in embryo research and a number of well publicised cases of egg donation and fertilisation of post-menopausal women have fuelled speculation about genetic engineering. Veronica Rose examines some of the issues in selecting the sex of an unborn child**

Sex selection is not a new phenomenon. It was initiated by the Greek philosopher Empedocles. He suggested that the timing of intercourse could affect the ratio of boys versus girls. His theory was demolished by Aristotle who, by using the existence of twins of unlike gender, showed it was incompatible.

Scientific discussion goes back at least 25 years. In his survey *The Biocrats*, published 24 years ago, Gerald Leach reminded readers that only advanced nations had the time and energy to worry about scientific progress including genetic engineering.

With the opening of a clinic in North London, and the recent decision by the Human Fertilisation and Embryology Authority not to support freely available sex selection, the subject has once more entered the realms of interest.

## Genetic material

The basic elements of sex determination are derived from

chromosomes. These are long, narrow threads consisting of deoxyribonucleic acid or DNA. A few relatively simple building blocks alternate in various combinations and varying sequences. DNA is the genetic material, the genes, which carry the coded information which determines the functions of the cells. Of the 23 pairs of chromosomes we each possess, one pair determines the sex. The male carries an XY sequence; the female, two XXs.

The male sperm determines the sex of the embryo at conception. During the process of sperm creation, chromosomes carried by the father divide in two. One half will carry the X, the other the Y. The ova, which are infinitely fewer in number, carries only the X chromosome. If the Y half of the sperm fertilises the X, the offspring will be a boy. The X will produce a girl.

While it is possible to collect and store ova and sperm, they are very fragile and care must be taken not to damage them.

Additionally because of its speed, study of sperm is extremely difficult.

## Genetic disorders

Ethically, sex selection is important to parents who already have a child suffering with a genetically determined disorder. There are several thousands of these, including haemophilia, mucopolysaccharidosis and Tay-Sachs disease.

Of all those conceived with a genetic disorder, some 50 per cent will be naturally aborted (Polani 1976). Of the remaining 50 per cent who survive to maturity and birth, very few at present will effectively be cured.

As a result, parents face long, arduous and expensive caring for a severely mentally and/or physically challenged individual. This can result in the breakdown of marriage and family life. The test becomes even more severe as these children reach adult life.

For families, either at risk or

already affected, genetic screening is available through ultrasound, amniocentesis or chorionic villi sampling. As these techniques have become more sophisticated and accurate, they have been offered earlier.

When results prove positive, parents are counselled and termination of pregnancy is offered. Regardless of religious beliefs, in many cases there is considerable reluctance to do this. For these parents then, sex selection could be described as morally acceptable.

## Embryonic screening

Another alternative is pre-implantation genetic screening, where many embryos are examined but at an earlier stage of pregnancy, and only the best allowed to survive.

Jacques Tesart, author of *Le Desir Due Gene* (published September 1993 by Francois

Continued on p vi

There are any number of ways people can damage their skin. And there are any number of ways Savlon can help guard skin. Everyone's familiar with Savlon Liquid and Savlon Antiseptic Cream. But Savlon also has a wide range of other skincare products, to cover just about any eventuality. And we're going to tell people about them. For 6 months, from March to August, we will be spending £1.2 million on a massive 48 sheet poster campaign, featuring no fewer than 9 different advertisements. This will be backed up by a high profile PR campaign in

national and regional press, together with merchandising support and regular promotional activity. Bold new packaging has also been designed, which will stand out strongly on shelf. It will complete the education process by carrying detailed information on how the different products can be used. Savlon provides solutions for a multitude of skin problems. In fact our understanding of the market is a lot more than skin-deep. Your customers' understanding of Savlon is soon going to be a lot deeper as well. Make sure you're ready to capitalise on it.

FOR FURTHER INFORMATION ON SAVLON OR TO FIND OUT ABOUT OUR SEASONAL BONUSES, PLEASE CONTACT YOUR ZYMA HEALTHCARE REPRESENTATIVE OR PHONE 0306 742800 AND ASK FOR SALES SERVICES



**ciba** ZYMA HEALTHCARE IS PART OF THE CIBA GROUP. SAVLON IS A REGISTERED TRADEMARK

SAVLON ANTISEPTIC CREAM contains Cetrimide 0.5% w/w and chlorhexidine gluconate 0.1% w/w. Indications include the cleansing and prevention of infection of all types of lesions, from minor skin disorders to minor burns and small wounds. SAVLON NAPPY RASH CREAM contains Ormeticone 0.3% w/w. Indications include the prevention and treatment of Nappy Rash. SAVLON JUNIOR contains chlorhexidine gluconate 0.45% w/w. Indications are for the cleansing and disinfection of minor wounds, cuts, grazes, minor abrasions including insect bites and stings. SAVLON DRY SPRAY contains povidone iodine 1.14% w/w. Indications are for first aid treatment and prevention of infection in cuts, grazes, minor burns and scalds. SAVLON BATH OIL contains liquid paraffin BP 65% w/w and acetylated wool alcohols 5% w/w. Indications are for the symptomatic relief of contact dermatitis, atopic dermatitis, pruritus, ichthyosis and related dry skin disorders. See packs for further details. Further information is available from Zyma Healthcare, Holmwood RHS 4NU. Date of Preparation: February 1994.

Continued from p v  
Bourin), was emphatic in his ambition to see genetic screening on human embryos banned worldwide.

## Animal research

More than 25 years ago, two doctors, Gardner and Edwards, first controlled the offspring of a mammal. The procedure involved flushing out embryos from female rabbits when they were about the 4,000 cell stage of development.

Using minute microscopic tools and a microscope, they snipped off some 300 cells from the balloon-shaped skin of cells surrounding the embryo, carefully avoiding any contact with the actual embryo.

Through a process of dyeing, these snipped off samples were then sexed. During dyeing, female cells showed a small fragment of material called sex chromatin, which was absent in male cells.

The doctors then re-implanted the now sexed embryos into female rabbits, carefully noting which embryo went into which rabbit. Of the 20 embryos which developed, the predicted sex was correct. Only one was abnormal; it was headless, assumed to have been damaged during the snipping off process.

Sexing is nevertheless a laboratory procedure, precluded in normal fertilisation because in humans only one cell is fertilised at a time. *In vitro* fertilisation, which includes harvesting more than one egg, might be a viable method but it could also prove very costly.

There might also be problems in persuading scientists to adapt IVF for the purpose of sex selection. It evolved from the concern expressed by obstetricians and gynaecologists, for the couples who were seemingly unable to conceive naturally for a medical reason.

## Human techniques

Well over 100 studies have documented methods of pre-selection of sex. None appear to be conclusive.

One of the most commonly referred to is the Shettles method. This is a very involved system which basically includes douching with baking soda prior to, and selective timing of, intercourse in relation to the time of ovulation.

It is based on his suggestion that Y bearing chromosome sperm containing less nuclear material than the X bearing sperm will move more rapidly but has a shorter survival time.

Therefore by having intercourse within 12 hours of the time of ovulation, the chances of a male foetus are

stronger. By comparison if the choice is for a female, then intercourse should occur two to three days before ovulation.

Determination of the precise time of ovulation includes the use of the basal body temperature (BBT). This involves the female monitoring her temperature daily for three months while abstaining from intercourse.

The Ericsson method is based on studies which involve sex selection through albumin separation of sperm.

This process consists of first staining the long arm of the Y chromosome with

because regions of fluorescence may mimic chromatin, thus producing a spuriously high sex ratio.

There does not appear to be any scientific evidence to suggest that methods presently under survey for sex selection are guaranteed. Currently the Medical Research Council is funding an assessment of fluorescent *in situ* hybridisation for sexing pre-implantation human embryo in X-linked disorders.

## Social outcomes

The use of sex selection techniques for purposes other



fluorochrome quinacrine. This enables them to be identified against the X chromosome. The sperm are then layered on columns of liquid albumin. Reports from this method indicate that 85 per cent of the Y chromosome bearing sperm migrated to the lowermost portion of the column.

But a study in 1993 reported that while this remains the only clinical method of sex pre-selection to be supported by clinical data, its widespread use may be limited because it does not provide 100 per cent accuracy.

In another study, Carson pointed out that fluorescent Y body counts are not accurate

than the prevention of hereditary disorders could have social implications.

Gendercide is the wrong application of sexual discrimination aimed at reducing the relative numbers of females or males, either through direct killing or in more indirect ways. The result of this in a patriarchal system would be to further reduce the social status and political rights of women.

Sex selection techniques could also be used by parents suffering from "the hereditary syndrome" — the peer who wishes to perpetuate the family name and who has so far produced only daughters. In

contrast there are also families of daughters who desperately want a son.

In all these arguments, it should be remembered that the high cost associated with sex selection techniques means it would mainly be used by the wealthy in society.

In the final analysis, sex selection, if used unwisely, could help to abolish society as we know it.

Perhaps what is needed is a change in society's attitude. In Sweden a more democratic system is in operation. Despite the existence of a young prince, the constitution was altered

and the next monarch will be a queen because she was the first born.

## Public opinion

Last year the Human Fertilisation and Embryonic Authority issued a consultation document. It sought the public's views of using assisted conception techniques to help couples select the sex of their infants. This excluded abortion, but centred on pre-selection as outlined in various studies.

The HFEA finally indicated that the present status of embryonic research into pre-implantation diagnosis of genetic disorders remains acceptable. The question now arises over how soon governments would act to legislate in favour of retaining sex selection for genuine genetic reasons alone.

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# Doing what comes naturally

**Natural family planning has been dogged by a reputation for unreliability and is still inextricably linked in the minds of many with the Catholic church. But, as Jane Feely explains, a sizeable minority of women are choosing this method of contraception which, if used correctly, can be as effective as the pill**

Natural family planning has a new image. Shaking off its unreliable "Roman roulette" past, it is even seeking to divorce itself from the Catholic church. Adopting the new name of "fertility awareness", this method of contraception is gaining appeal.

So, if your idea of natural

family planning involves counting the days on a calendar with fingers crossed behind your back, think again. While condoms and IUDs still leave a lot to be desired in the "ideal contraceptive" stakes and more women, for religious, social or medical reasons, are turning their back on the pill, natural

family planning is staging a comeback.

Jane Knight, national tutor at the Natural Family Planning Service, says that as many couples now opt for natural methods as for the diaphragm, and at least 80 per cent of these are non-Catholics. Fertility awareness has become a

"green" issue, she believes. Many of those who practice have already tried other methods of contraception and found them lacking.

On the reliability front things are also looking up. Recent large-scale studies of natural family planning now show that, given the right degree of motivation and proper training, natural family planning has an efficacy similar to that of the combined oral contraceptive pill.

And "fertility awareness" is not as daft a name as some may think. As Ms Knight explains, natural family planning isn't just about avoiding pregnancy. Sub-fertile couples, for whom the timing of intercourse is crucial, also benefits from its techniques.

## Pharmacy's role

As a health professional in daily contact with the public, pharmacists are in an ideal position to advise on all methods of contraception, complementing the services available from GPs and family planning clinics.

But while the shelves of community pharmacies may be stocked with condoms and spermicidal preparations, and the dispensary holds numerous brands of pill, IUD and diaphragm, advice on natural methods can be overlooked.

Natural family planning is just one of a range of contraceptive choices available to couples wishing to restrict, or just delay, having children. Which method is the most appropriate requires consideration of many factors including the couple's lifestyle, age, health, relative importance of avoiding pregnancy, relationship and need for safer sex.

Natural family planning has a number of advantages — it is cheap, without side effects and, given commitment and training, can be effective. But it does not suit all couples. Some find the need to keep detailed daily records inconvenient, while for others, the need to avoid sex for many days a month may be unacceptable.

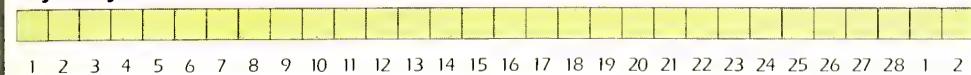
## Fertile days

The ovum, once released during ovulation, has a life span of not more than 24 hours and is fertilisable for only part of that time. The life span of sperm is much more variable. Under adverse conditions, sperm live only a matter of hours but under optimum conditions they may remain viable for four to five days.

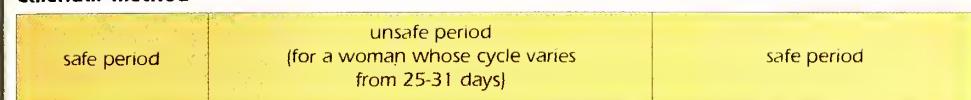
A woman is therefore

### Natural family planning or fertility awareness methods

#### Days of cycle



#### Calendar method

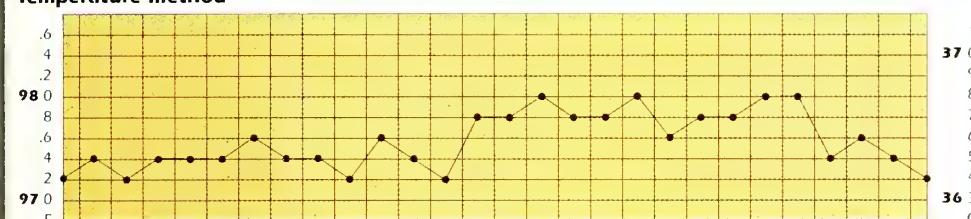


#### Mucus method

bleeding	dry	mucus increases and gets clearer	mucus decreases and gets cloudy	dry
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at ovulation mucus resembles the white of a raw egg

#### Temperature method



#### Ovary

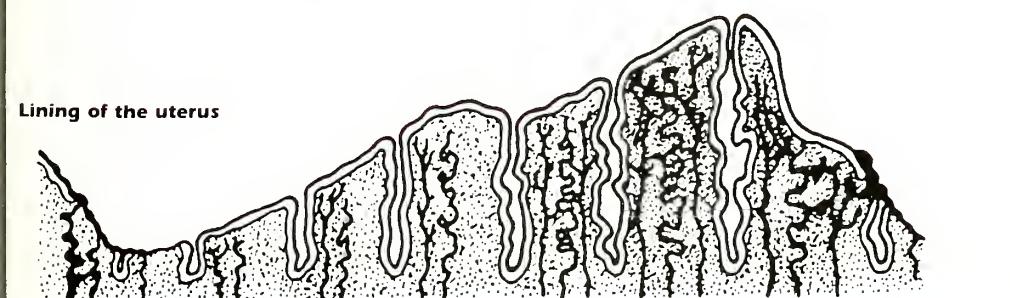


growth of follicle

ovulation

corpus luteum

#### Lining of the uterus



menstruation

lining of the uterus thickens

menstruation

Continued from p000 potentially fertile for no more than six to eight days of each cycle, probably less in most cases. Provided intercourse is avoided during the fertile phase, then pregnancy will not result.

A woman is more likely to avoid pregnancy if she has intercourse only in the time after ovulation leading up to her period, than in the time immediately after her period and before ovulation.

## Different methods

There are four different methods a woman can use to help determine the fertile phase of her cycle.

- Calendar method — a useful cross-check but not used alone due to unreliability
- Temperature method
- Cervical mucus method
- Sympto-thermal method — also called the double-check method, this combines the temperature and cervical mucus methods with other signs of ovulation.

Natural family planning methods are suitable for all couples at all stages of a woman's fertile life but the need for proper instruction is vital, preferably by personal tuition from a qualified teacher.

At certain times in a woman's life, reliance on natural methods may prove more difficult because of natural changes in her body. Examples include coming off the pill; having just given birth, breast feeding or approaching the menopause.

## Calendar counting

The calendar method tends not to be used alone because it is unreliable. However, it may be a helpful cross-check when combined with other, more reliable, techniques.

In the calendar method, a woman keeps a record of her menstrual cycles from the first day of her period (day 1) to the day her next period starts. Because of natural variation in cycle length, this needs to be done for at least six months.

To calculate the fertile period, the number 19 is subtracted from the length of the shortest cycle. This gives the probable first day of the fertile or "unsafe" period. The number ten is then subtracted from the length of the longest cycle and this gives the probable last day of fertility. Any obvious changes in cycle length, as may occur during times of illness or stress, may require recalculation of the "safe" and "unsafe" periods.

## Temperature's up

The temperature of the body at rest, the basal body temperature (BBT), rises after ovulation but only by about 0.2-0.4C (0.4-0.8F).

To detect this, the woman takes her temperature every day as soon as she wakes up and before she has anything to eat or drink. Ideally, this should be done at the same time each day.

## Advice from a trainer

Jane Knight, national tutor at the Natural Family Planning Services, believes that while pharmacists need a basic understanding of natural family planning to help them answer customer queries, it is important that they refer couples to competent trainers.

She also advises that pharmacists:

- stock fertility thermometers with the centigrade scale marked on the glass. She knows of some products with paper displays that can work loose.
- stock the recording grids that are used by trainers. Some grids are very small and flat and are difficult to use, she says. Stocks of grids can be obtained from the Natural Family Planning Service (see 'Where to get help').
- reinforce that ovulation predictor kits are not suitable for contraceptive purposes. Although manufacturers state this clearly on pack, Ms Knight says that some women still use them to try and avoid pregnancy.

Special fertility thermometers are available to help detect this small rise in temperature and charts are provided on which the woman records her daily readings. When a temperature has been recorded for three days in a row which is higher than all the previous six days, the fertile period is over.

The main drawback with this method is that the BBT can change for reasons other than ovulation and this may make determining the fertile phase more difficult.

Any illness such as a cold or flu can raise temperature and conversely, treatment with an anti-pyretic like aspirin may disturb temperature readings. This method used alone, does not help a woman determine her "safe" period before ovulation.

## Mucus changes

It is now over 20 years since scientists first reported that characteristic changes in cervical mucus secretion occurred during the menstrual cycle. Hormonal studies have confirmed the close relationship between symptoms and ovulation and more recently, ovarian ultrasonography has shown that the day of most abundant secretion of "fertile-type" mucus, identifies the day of ovulation as precisely as does the luteinising hormone peak recorded by proprietary ovulation predictor kits.

After menstruation there are a variable number of "dry" days when the woman reports little or no mucus secretion and a feeling of dryness in the vaginal area. As ovulation approaches, under the influence of oestrogen, there is increasing secretion of cervical mucus. At the time of ovulation this becomes an abundant discharge resembling the raw white of an egg.

This "fertile-type" mucus is alkaline in nature, has a low viscosity and high threadability, a property known as spinnbarkeit. It contains sugars and trace elements to aid sperm survival and transport.

After ovulation, under the influence of progesterone secreted by the corpus luteum, the mucus becomes scanty, viscous and less alkaline.

Some couples may use natural family planning to lessen the use of barrier

methods but the use of spermicides during the fertile period of the woman's cycle can make it more difficult to observe changes in cervical mucus.

## Sympto-thermal

This combination, or double check, method is the one recommended by the majority of natural family planning teachers. Measurement of basal body temperature, together with observed changes in cervical mucus is used, combined with other signs such as changes in the cervix.

The position, softness or firmness of the cervix and whether the entrance is slightly open or tightly closed can also be used to determine the fertile phase of a woman's cycle. Again this is a technique that requires proper instruction.

Minor indicators used by some women to detect ovulation include the pain which may be felt in the middle of the cycle, — termed Mittelschmerz. Other women may notice changes in their breasts, skin, hair or libido.

It can take time to recognise some of these signs and, once again, the importance of instruction by a properly-trained teacher is stressed.

The diagram shows the various changes that take place during the menstrual cycle and where the different methods of family planning fit into this pattern.

## How effective

The effectiveness of a method is often the major consideration when a couple decide which form of contraception is for them.

Reported pregnancy rates (pregnancies per 100 woman years) in well motivated couples using the condom, diaphragm, IUD, progestogen only pill or combined oral pill are 3.6, 1.9, 1.4, 1.2 and 0.18 respectively. However, much higher failure rates have been recorded, particularly among less motivated couples e.g. rates of 21 and 22 in condom users and 23 in diaphragm users.

Even the pill, regarded as the most effective form of contraception is only effective if it is taken correctly. Missed pills, or those lost due to episodes of stomach upsets, are relatively common.

In the past, the perceived unreliability of natural family planning has been one of its drawbacks but studies are emerging which help lay this reputation to rest.

Early trials of birth control based on symptom observation yielded pregnancy rates of 6.0 and 25.4. Most conceptions occurred because intercourse took place on days designated as "fertile".

But these studies also highlighted the importance of training and motivation. In Chile, couples taught by experienced teachers showed a pregnancy rate of 4.7 but those taught by inexperienced teachers had a rate of 16.8.

The largest natural family planning study combined effective teaching and high motivation and showed this method can be as effective as the combined pill.

Nearly 20,000 women in Calcutta were taught the necessary techniques and motivation was high, due to poverty. The method failure rate observed was 0.2 pregnancies per 100 women users yearly, comparable to that commonly quoted for the pill.

Other studies have backed this up. One in Germany reported a failure rate of 0.8 while in Italy, although the overall conception rate was 3.6, these pregnancies occurred in couples wishing only to space, not limit, their family. There were no pregnancies among couples who wanted no more children.

## Where to get help

If a couple decide that natural family planning is the method for them, it is essential that they find someone to teach them the techniques. Some NHS family planning clinics have trained teachers, if not, voluntary agencies can help. These include:

- The Natural Family Planning Service (Catholic Marriage Advisory Council)  
1, Blythe Mews  
Blythe Road  
London W14 0NW  
071-371 1341.
- Natural Family Planning Centre  
Birmingham Maternity Unit  
Queen Elizabeth Medical Centre, Edgbaston  
Birmingham B15 2TG  
021-472 1377.
- National Association of Ovulation Method Instructors  
47 Heathurst Road  
Sanderstead  
South Croydon  
Surrey CR2 0BB.  
(Cervical mucus method only)
- The Family Planning Association has a leaflet outlining the basics of natural family planning. Single copies are free to anyone sending a stamped addressed envelope to the FPA at 27-35 Mortimer Street, London W1N 7RJ.

Pharmacists can order bulk copies costing £3 for 50 leaflets (plus £2 for P&P).

## Assistant training protocols — points of order

I read with interest your article on new proposals by the Council working party regarding protocols for sale of medicines, and that all staff involved in the sale of medicine should have completed an appropriate training course.

One cannot fail to agree that a universal standard for the sale of medicines, and a basic standard for the knowledge of staff involved in the sale of medicines, have been needed for a long time — our professional image would benefit.

However, Council should concentrate on the real practicality of any new proposals and their financial implications for pharmacy contractors, particularly if these proposals are to be part of a statutory requirement.

There should be a specific protocol for medicines which require pharmacists' supervision, as opposed to GSL medicines. It will be ludicrous for pharmacies to need GSL protocols, and trained staff, when a garage mechanic in oily rags could sell many of the GSL lines from the forecourt shop, or a YTS staff in a large supermarket. The only way we could bring any protocol to involve sale of non-P medicines would be to require a change of the Medicine Act, and to restrict sale of all medicinal products to pharmacy premises only.

With regard to training, we are faced with a problem of time scale and a lack of universal standard of training, if this requirement is to be met by all the contractors and policed by the Society's inspectorate.

Council should ask its education department to draw up a standard education package in line with National Vocational Qualification system which is used in the new pre-registration manual.

The pharmacists in charge of pharmacies could then attend one-day training seminars, similar to pre reg seminars up and down the country, organised by the education department, and they could take up the task of training their staff. There should be a separate assessment book for each member of staff taking up this basic training which can be signed and commented on at each of its stages by the tutor pharmacist and, on completion of training, the book would be sent for accreditation by the education department.

The education department also needs to look at the training package offered to assistants by the NPA and other in-house training packages offered by various pharmacy

chains. The result would bring in choice and universal standard of training across the board.

The Council should not recommend statutory requirements, unless the solution for its implementation, as explained above, has been implemented. The Council should look at a deadline for statutory implementation only when the training package is ready.

Hassan Argomandkhan  
Liverpool

## Periactin to stimulate Xrayser's appetite

Xrayser's opinion on the role of cyproheptadine (Periactin) in medicine (C&D January 29, p155) cannot be allowed to go unchallenged since he strays, perhaps unwittingly, into a contentious area of drug use.

His arguments appear to be based on two premises. Firstly that cyproheptadine is a useful drug as an appetite stimulant, and secondly, that Third World medical practice is of no interest to us in the UK and should be expected to be of a lower standard: "...reduced us to Third World status".

The value of cyproheptadine as an appetite stimulant has been questioned for many years. The BNF is quite blunt on the matter. It says "stimulation of appetite — not recommended therefore no dose stated".

In the USA Periactin has not been promoted as an appetite stimulant since 1971 because the US Food & Drugs Administration considered that there was inadequate information to support the claim.

The loss of appetite and failure to thrive in adults or especially children may be due to either lack of appropriate diet or underlying disease. In neither case is an appetite stimulant indicated. The American Medical Association says that, "although the results of several studies suggest that cyproheptadine stimulates linear growth and weight gain in children, this effect is inconsistent, transient and quickly reversible after withdrawal of the drug".

Perhaps we have nothing to learn from the USA. So a British reference: "In general, little or nothing is gained by stimulating appetite by drugs".

Merck Sharpe and Dohme's explanation of its withdrawal of the indication of appetite stimulation was in no way cryptic. It followed decades of argument concerning their marketing of Periactin for this indication and MSD are to be congratulated on seeing that

everyone's interest, including their own, is best served by their action.

Perhaps another respected and innovative pharmaceutical manufacturer, Sandoz, will follow suit with their marketing of Pizotifen.

Sanomigran is marketed in the UK as a prophylactic treatment for migraine with side effects including "a gain in weight and/or an increased appetite", but in Asia it is combined with vitamins and marketed under the name Mosegar as an adjunct to antibiotic therapy in treating infections.

Third World countries certainly do have problems relating to the use and availability of essential medicines and these problems are exacerbated by the aggressive marketing of such "essentials" as appetite stimulants.

Lack of food and drugs for the treatment of conditions associated with malnutrition are the problem, and diversion of limited resources towards unnecessary medicines reduces funds available for much needed essential medicines.

Xrayser's own one patient clinical trial does nothing to forward the role of the community pharmacist as the expert on drugs. C&D of February 19 contains short pieces headed respectively, "Pharmacists' folic acid knowledge criticised", and "Pharmacists' knowledge of rhinitis questioned". Perhaps

Xrayser should sharpen up his knowledge of appetite stimulants and Third World medicine before he offers his good advice.

Paul Baker  
Leeds

## A sorry tale of folic acid

I was sorry to learn (C&D last week p280) that, according to a letter in the *Independent on Sunday*, a woman had tried to buy folic acid supplements in 11 pharmacies without success.

Our folic acid product Preconceive has been available through wholesalers as well as being promoted and advertised in C&D since last Summer. Practice nurses and health visitors are recommending it, and in view of the publicity through MAFF and DoH, it may be unfair to many pharmacists to say that they need to be educated about the benefits of folic acid or that they are not stocking a folic acid supplement.

If however, you would like to know more about Preconceive, we will be pleased to supply leaflets and posters to any pharmacist who cares to write to us.

Roger Lane  
Chairman,  
G R Lane Health Products Ltd,  
Sisson Road, Gloucester  
GL1 3QB



Everyone who replied to Savlon's survey last year had the chance of winning a teddy for their troubles. The six lucky winners also got the chance to choose a local hospital to receive one as well. One teddy travelled all the way to Edinburgh where it was presented to Colin Young from the Royal Hospital for Sick Children

# Don't make a habit of it!

Of 1,000 young adults who smoke regularly one will be murdered, six will be killed on the roads but about 250 will be killed before their time by tobacco. No Smoking Day on March 9 provides a focus for pharmacists to renew their efforts to persuade smokers to kick the habit

The unexpected classification of nicotine patches as Pharmacy medicines has thrust pharmacists into the front line in the battle to help those trying to give up smoking.

"If you consider the 'Health of the Nation' targets, smoking cessation has to be an area where pharmacists can create a big impression," says Colette McCready of the National Pharmaceutical Association.

The NPA's efforts on the smoking cessation front are channelled through Pharmacists Action on Smoking, a group set up last year and sponsored by Pharmacia.

PAS is currently developing two initiatives which will help pharmacists provide a comprehensive professional service for their customers. Although details have been announced (C&D last week, p326) the material will not be available until May.

It has been shown that smokers are much more likely to succeed in giving up if they:

- Use nicotine replacement therapy (patches or gum)
- Receive regular counselling and support.

Of the two initiatives the smoking cessation monitoring system is the simplest. It will allow pharmacies to keep track of customers who wish to give up smoking by recording details of the advice they have been given and their progress.

The action pack, which will be sent to all pharmacies, will include:

- Client profile sheets for the pharmacist to use as a retained

## Pharmacia Action on Smoking

PAS, which now has over 300 members, gives encouragement and support to pharmacists who give smoking cessation advice to their customers. Membership is open to any community pharmacist.

It lists its aims as:

- To focus attention on the pharmacist's role in health promotion, smoking cessation and prevention
- To raise the profile of pharmacists as advisors on smoking cessation
- To motivate and support pharmacists to participate in giving advice on smoking cessation.

PAS can be contacted via the NPA or at 3 Olaf Street, London W11 4BE (tel: 071-229 9922).

record of contacts and advice

- Client progress cards; a customer-held personal record card to be filled in each time he or she visits the pharmacy for counselling and advice.

The community pharmacy smoking cessation service is a more sophisticated programme which will only be sent to pharmacists who apply for it. It is based on a service developed by Northern Ireland community pharmacist Dr Terry Maguire.

The service is highly structured, involving the use of window displays, client literature, and one-to-one interviews using visual aids. The programme will run for a set period of time, eg six months.

Pharmacists can charge for the service if they wish — a figure of £25 is suggested. Paying a fee gives the client an incentive to succeed, but they must be informed of exactly what is involved before "signing up".

A comprehensive action pack is provided which includes written instructions, flip charts, information sources, progress cards etc.

## Pharmacia issue MacChallenge

Pharmacia intend to make pharmacies the focus of a unique No Smoking Day promotion aimed at giving those who have made the decision to stop an extra incentive.

Pharmacists should have received a letter outlining the MacChallenge.

The promotion centres around a folder supplied through the pharmacy which contains a sponsorship form and support information on smoking cessation.

The MacChallenge provides the (ex-)smoker with an added incentive to stay abstinent by encouraging him/her to attract sponsorship from friends and family for a period of 12 weeks. The proceeds will go to the Cancer Relief MacMillan Fund.

For every form completed and stamped by a pharmacist verifying abstinence for 12 weeks, Pharmacia will donate £1 to the fund.

The promotion is not dependent on the purchase of a medicine.

Information and further copies of the MacChallenge pack can be obtained by calling the Nicorette Helpdesk on 0800 390114.



WEDNESDAY, 9TH MARCH 1994

## What the papers say ...

Nicotine replacement therapies (NRT) have been around in one form or another for several years and, now that patches and gum are available over the counter, are certainly more widely used. But do they work?

An overview of the efficacy of NRT published recently in *The Lancet* (vol 343:8890 pp139-142) concluded that offering such therapy to smokers, either as the mainstay of a smoking cessation strategy or as an adjunct to other interventions, is more effective than placebo or nothing at all.

Use of NRT increased the odds ratio of abstinence to 1.71 compared to those allocated to control interventions. The odds ratios for the different forms of NRT were 1.61 for gum, and 2.07 for transdermal patches.

The overview also noted that all forms of NRT are associated with a high relapse rate. Minimising this is important if long term cessation rates are to be substantially improved.

Women smokers have recently been warned that those who smoke during pregnancy may damage the fertility of their children.

Women whose mothers smoked are 29 per cent more likely to have a miscarriage than those with non-smoking mothers.

They also experience more complications in mid-term, according to Professor Jean Golding of Bristol University's Institute of Child Health. She recently presented the preliminary results of a long term study of 15,000 pregnancies in Avon to a conference organised by the Health Education Authority.

Although it is well established that smoking in pregnancy is linked to miscarriage, stillbirth and low birth weight, this is some of the first evidence of longer term damage.

Anyone looking for hints on how to campaign against tobacco advertising could do worse than read the paper by the Australian Council on Smoking and Health in the *British Medical Journal* of February 5. After 20 years campaigning, the Council has succeeded in getting tobacco advertising banned in Western Australia, with the hope that it will reduce smoking.



A number of local health education initiatives have been organised to tie in with No Smoking Day on March 9. Berkshire FHSA pharmaceutical adviser Ralph Higson shows the kind of poster material that is being distributed as part of the "Healthy Bodies in Bracknell" programme. The FHSA last month issued each of the ten pharmacies in the town with a Smokalyser — a device for measuring carbon monoxide levels in the bloodstream and costing around £400 — to help push home the health gain message to those who have given up smoking.

# Waking up with a 24 hour nicotine patch helps the craving stay asleep.



a fact that around 75% of smokers light up within 30 minutes of waking up. Which is why the Nicotinell 24 hour patch is specially designed to fight the early morning craving. By staying by our side all through the night. So it's no surprise that Nicotinell is brand leader, with 57% market

**nicotinell**  
Patch. Protection. Control. Convenience. Satisfaction.

L 7 days supply of large size nicotine patches  
for smokers of 20 or more cigarettes a day

share.<sup>†</sup> What's more, it offers more than double the shelf yield of its nearest competitor.<sup>†</sup> And our new multi-million pound TV campaign in 1994 should really see your sales light up. So stock up on Nicotinell, the smoker's 24 hour partner. You'll be surprised how many you get through.

FURTHER INFORMATION ON NICOTINELL OR TO FIND OUT ABOUT OUR NEW YEAR BONUSES, PLEASE CONTACT YOUR ZYMA HEALTHCARE REPRESENTATIVE OR PHONE 0306 742800 AND ASK FOR SALES SERVICES

ba

ZYMA HEALTHCARE IS PART OF THE CIBA GROUP. 'NICOTINELL' IS A REGISTERED TRADEMARK. © NIELSEN SEPT/OCT 1993

NIC 1A/94

ICATION Transdermal therapeutic system containing nicotine, available in three sizes (30, 20, and 10cm<sup>2</sup>) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. INDOPTION: Treatment of nicotine dependence, as an aid to smoking cessation. DOSAGE: Stop smoking completely when starting treatment. For those smoking more than 30 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes of 30, 20 and 10cm<sup>2</sup> permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks. Doses above 30cm<sup>2</sup> have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation. CONTRAINDICATIONS: Non-smokers; occasional smokers; children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction; unstable or worsening angina pectoris; severe cardiac arrhythmias; recent cerebrovascular accident; pregnancy and breast feeding; skin diseases; known hypersensitivity to nicotine. PRECAUTIONS: Hypertension; stable angina pectoris; cerebrovascular disease; occlusive peripheral arterial disease; heart failure; hyperthyroidism; diabetes mellitus; renal or hepatic impairment; peptic ulcer. Persistent skin reaction to the patch application and known hypersensitivity to nicotine. SIDE EFFECTS: Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reactions at the application site (usually erythema or pruritus). Other events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. LEGAL CATEGORY: P. PACKS: NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of seven patches, trade price £8.64, retail price £15.23. NICOTINELL TTS 30 (PL0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. ©denotes registered trademark. PL HOLDER: Ciba Geigy Plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare Holmwood, RHS 4NU. DATE OF PREPARATION: January 1994.

# Smoking — where the Government stands ...

With the Government backing away last month from an outright ban on tobacco advertising, the Department of Health has published "Smoke-free for Health", its action plan to achieve the "Health of the Nation" targets on smoking.

Giving details of the plan on February 7, Health Minister Dr Brian Mawhinney said: "The UK already has one of the best records in Europe on reducing smoking — from 45 per cent of the population in 1974 to 28 per cent in 1992. However, smoking-related diseases still account for some 110,000 deaths a year in the UK."

"Smoking remains the largest preventable cause of death. It is estimated that more than 50 million working days are lost each year through smoking-related illnesses."

He also highlighted the harmful effects of passive smoking. Evidence suggests that one person a day dies from lung cancer as a result of inhaling other peoples' tobacco smoke over many years.

In addition, almost 50 children a day under five years old are admitted to hospital suffering from illnesses related to passive smoking.

Dr Mawhinney claimed that the Government is on track with three of the four targets in "Health of the Nation", but he warned that smoking levels among 11-15 year olds are not falling as quickly as the Government would like.

The action plan makes clear

that the Government sees success in reducing smoking dependence on a range of inter-related measures:

- Cigarette prices were increased by 21p for a packet of 20 last year. A 10 per cent price increase is estimated to lead to a fall in consumption of between 3 and 6 per cent.
- A health education campaign is to target adults — and particularly parents — later this year. The Government will be spending £12 million on the

campaign over the next three years.

- A new Scientific Committee on Tobacco and Health has been set up to provide expert advice to the chief medical officer.
- The Government is to open talks with the tobacco industry with a view to strengthening the voluntary agreement on advertising and promotion. One of the key areas of concern will be the exposure of children to advertising.

## ...remember 'Health of the Nation'?

It is now two years since the publication of "Health of the Nation", the White Paper setting out the Government's priorities and targets to improve people's health.

Smoking was identified as a major factor in lung cancer and other diseases. At least 80 per cent of lung cancer is associated with smoking — some 26,000 deaths a year. On top of this the habit kills more than twice as many people from other diseases.

Smoking remains the largest single cause of preventable mortality in the UK.

The "Health of the Nation" targets are:

- To reduce the death rate for lung cancer by at least 30 per cent in men under 75, and by 15 per cent in women under 75 by the year 2010 (from 60 to 42

per 100,000 for men and 24 to 20.5 per 100,000 for women).

- To reduce the prevalence of cigarette smoking in men and women aged 16 and over to no more than 20 per cent by the year 2000 (a reduction of at least 35 per cent in men and 29 per cent in women from a prevalence in 1990 of 31 per cent and 28 per cent respectively).
- To stop, in addition to the overall reduction target, at least a third of women smoking at the start of their pregnancy by the year 2000.
- To reduce the consumption of cigarettes by at least 40 per cent by the year 2000
- To reduce smoking levels among 11-15 year olds by at least 33 per cent by 1994 (from about 8 per cent in 1988 to less than 6 per cent).

## No Smoking Day

On No Smoking Day on March 9 it is hoped that 2 million of the UK's 14 million smokers will try to kick the habit.

Of these, going on past experience, 700,000 smokers will manage to stop smoking on the day and over 50,000 will give up for good. In a recent study, 65 per cent of smokers said they wanted to stop.

Those wanting to kick the habit can call helplines. The telephone numbers are:

- England: 071-487 3000
- Scotland: 0800 848484
- Northern Ireland: 0232 663281
- Wales: 0222 641888

Asset, the Association of Health and Exercise Teachers, are organising "Kick it and get fit" classes for quitters. Contact Rachel Truett on 071-439 7177 ext 229.

### The cost of smoking

- Someone who smokes 10 cigarettes a day blows away £431 a year (assuming £2.37 for a pack of 20)
- In 1991 the main cause of death from fires in dwellings was smokers' materials. Such matter accounted for 640 deaths in 6,400 fires — 33 per cent of all deaths from fire
- 18 per cent of coronary heart disease deaths and 76 per cent of chronic obstructive pulmonary disease are attributable to smoking
- Children under 16 are estimated to spend over £100 million a year on cigarettes. All these sales are illegal.

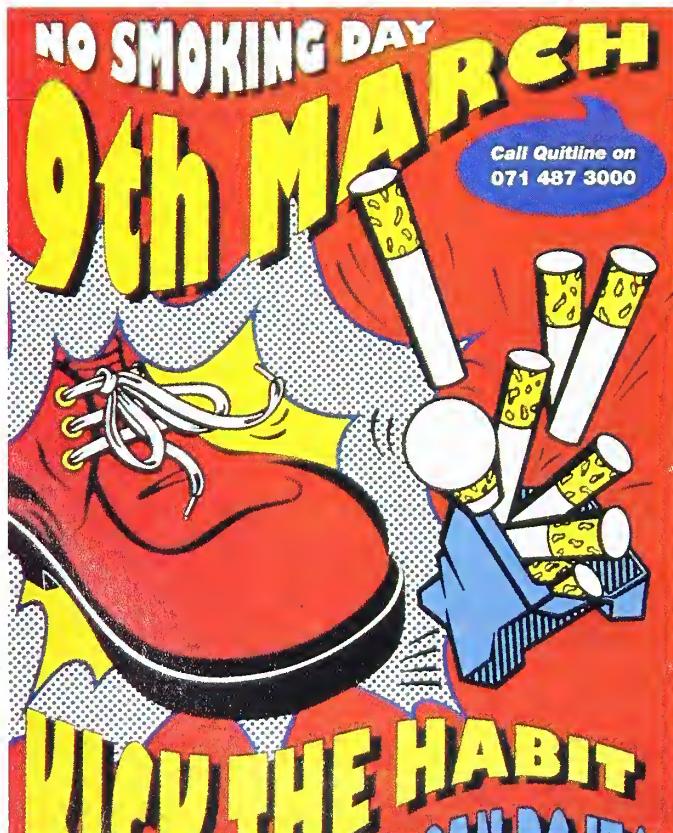
## Guidance from Nicotinell

National advertising for nicotine patch therapy Nicotinell is running until March 22, but Zyma Healthcare are reinforcing the message of help and support to the public with guides for pharmacists and assistants.

Available from the sales force, a comprehensive "recommenders' guide" for pharmacists details facts about tobacco and nicotine addiction, a review of various clinical studies and an explanation of how the patch works.

Accompanying this folder is a "Pharmacy assistant guide" which is intended as a useful source of information as well as a tool for helping customers understand their nicotine addiction.

A new range of point of sale materials using the theme of the television advertising reinforces the message that Nicotinell is "always working with you", plus counter and window displays and posters.



## Right mind to kick the habit

"Kick the habit" is the message of this year's No Smoking Day. The campaign logo appears on the front of the latest Pharmacy Healthcare leaflet.

Some 600,000 leaflets will be sent to 13,000 hospital and community pharmacies by March 9.

The leaflet gives useful advice to help put smokers in the right frame of mind to quit. It also highlights the health benefits of giving up:

- Within eight hours of quitting nicotine and carbon monoxide levels in the blood will have reduced by a half
- Within a few weeks, sense of taste and smell will improve and that irritating morning cough will start to disappear
- After one to two years of not smoking, the risk of having a heart attack is reduced by half
- After three years, the risk of having a heart attack is the same as that of a life-long non-smoker
- Staying off cigarettes for ten years will halve the risk of getting lung cancer.

# NPA 'dismayed' over exemption checking

National Pharmaceutical Association Board members were dismayed to learn at last month's meeting that the Health Minister is considering asking pharmacists to demand proof of eligibility for exemption from prescription charges before dispensing free medicines on the NHS.

While recognising that fraudulent claims add to the drugs bill, the Board agreed that if pharmacists were to act as policemen for the Department of Health, the trusting relationship between patient and pharmacist would be severely undermined. It would also be impossible to check many exemption claims.

The Board felt that patients should continue to be responsible for their own claims and that the Department itself should arrange for any checking or validation considered necessary.

The issue was to be discussed as an emergency motion at the LPC representatives' conference on Monday, but fell by the wayside for lack of time.

**Help for the future** The Board decided unanimously to allocate resources to a new NPA initiative to help members in the run up to 1995 and beyond.

## DHAs merge

Eight new District Health Authorities in North-West England will come into force on April 1, the Minister for Health has announced.

The new authorities are:

- West Pennine DHA, covering Oldham and Tameside, High Peak, Glossop, Charlesworth, Chisworth and Tintwistle
- North-West Lancashire HA, covering Blackpool, Wyre, Fylde and Preston
- Manchester HA, covering the existing North, Central and South Manchester areas
- Morecambe Bay HA, merging Lancaster DHA and South Cumbria DHA
- Salford and Trafford HA, covering Salford and Trafford
- East Lancashire HA, covering Blackburn, Hyndburn, Ribble Valley, Burnley, Pendle and Rossendale, except the town of Whitworth
- Bury and Rochdale HA, covering Bury, Rochdale and Whitworth
- South Lancashire HA, covering Chorley and South Ribble, and the district of West Lancashire.

The proposed merger between Wigan and Bolton DHAs had been deferred while Stockport DHA remains unchanged.

Decisions on the provision of pharmaceutical services and remuneration are increasingly likely to be taken at local level, so NPA members will need to be told about these new opportunities and provided with information and training to take advantage of them. They may also need to acquire negotiating skills and learn how to prepare contract tenders.

The extended range of services will be co-ordinated by Mary Allen, head of information services. Michelle Styles will be promoted to take day-to-day responsibility for the information department.

**Hospital pharmacists can join NPA** The Board decided to invite all registered hospital pharmacies to apply to join the NPA. Affiliate memberhip would help them to

develop their role in the community by giving them access to all NPA publications, together with the expertise available in the Association's information, training, pharmacy planning and public relations departments.

**Worrying rise in shop thefts** The Board viewed with concern some of the latest statistics on shop crime from the Pharmacy Mutual Insurance Co. Theft claims were rising steadily; in 1993 one in four PMI policyholders had claimed for burglary or robbery losses.

PMI manager John Hart said he was encouraging policyholders to consider additional safety measures such as installing shutters and upgrading their alarms to the more tamper-proof Redcare

signalling system. He did not rule out a rise in premium rates.

**Dispensing error concern** Reviewing recent Chemists' Defence Association cases, Board members were disturbed to note that 20 per cent of the claims related to errors where the wrong strength of the correct drug was dispensed.

They decided to commission some small shelf stickers to mark those drugs where several strengths are available, as a reminder to double-check the strength prescribed before dispensing.

**New drug-testing procedures** Discussing the Medicines Control Agency's proposed new procedures for testing the quality of medicines on pharmacy shelves, Board members wanted an assurance from the Royal Pharmaceutical Society that pharmacists would not be held to account if samples from their pharmacies were found to be substandard. They also agreed unanimously that the proposed gross payment of 20p per sample was totally inadequate.

**Consumer guarantees** At a recent meeting of the Retail Consortium Trading Law Committee, NPA director Tim Astill supported European Union proposals for statutory consumer guarantees to be extended so that manufacturers as well as retailers could be held directly responsible for faulty goods.

## Safeway's allergy tests criticised

A Professor has criticised Safeway's allergy testing service saying it may "unnecessarily confuse and alarm susceptible people".

Professor Anthony Kay of the Department of Allergy and Clinical Immunology at the National Heart and Lung Institute wrote to the *British Medical Journal* expressing his concerns. He believes that there is a risk that advice given may place undue emphasis on allergy tests when the results are not clinically important.

He is also worried that asthmatic patients may feel they should stop taking long term medication for their condition and questioned whether pharmacists could recognise those at risk of death from anaphylaxis after bee and wasp stings.

Safeway superintendent pharmacist Julian Ashley refutes the comments: "The purpose of the test is to help patients identify inhaled substances which could cause an allergic reaction and make them uncomfortable."

The information given to patients concentrates on avoiding the allergen rather than detecting people whose condition warrants treatment. Any person found to have an allergy to bee or wasp venom would be referred immediately to their GP.

Mr Ashley says it would be unthinkable that a pharmacist carrying out an allergy test would encourage a patient to discontinue taking long term medication.

He also points out that local GPs near the 15 stores where the service is available fully support allergy testing. "Some actually refer their patients to us," he says.

The test costs £16.99 and picks up allergies to ten common inhaled allergens including grass and birch pollens, dog and cat dander, mould spores and house dust mite.

## Croydon raise level of water awareness

A recent seminar between Croydon pharmacists and Thames Water has resulted in 27 pharmacies participating in a six week water quality awareness campaign (*C&D*, Feb 12, p232).

The idea was suggested by Croydon Local Pharmaceutical Committee member Shailesh Amin. "We often get enquiries from the public about the quality of the water," he says. He approached Thames Water who thought the idea an excellent proposition.

Each participating pharmacy can provide free videos and eight leaflets on issues such as the levels of fluoride, lead and aluminium in water.

Thames Water are publicising the campaign with window posters and advertisements in the local Press which list all pharmacies taking part.

Mr Amin believes that this initiative could open up new avenues for the extended role. "In

future we could look forward to getting some remuneration from outside utilities for this," he concludes.

## Proceeds from script charges

The proceeds the Government receives from prescription charges has risen from £69 million in 1978-79 to £267m in 1993-94, according to a Parliamentary answer from Minister for Health Dr Brian Mawhinney.

In response to a question from Labour MP Andrew Smith, the Minister revealed that over the same period, NHS gross expenditure rose from £18,717m to £30,732m. All figures are adjusted by the GDP 1993-94 prices.

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# Graduates should pay to support students

Pharmacy students want graduates to pay more income tax to support them.

The British Pharmaceutical Students Association is to propose a motion at this year's Branch Representatives Meeting that: "The Society should

promote to the Committee of Vice-Chancellors and Principals the policy that graduates should pay a premium on their income tax as a contribution to the financial support of both educational institutions and students."

## Society draws blank on analgesic deaths

The Royal Pharmaceutical Society has drawn a blank in its search for information on the number of deaths or injuries resulting from misuse of aspirin or paracetamol.

Last year's Branch Representatives' Meeting voted for these two analgesics to be reclassified as P medicines. But Council says that no reliable information on deaths is available from coroners' inquests and there is no means of identifying injuries from the statistical evidence.

Meanwhile the Society has issued a consultative document on the handling of sales of medicines in pharmacies (*C&D*, last week, p324). Sefton Branch intends to keep up the pressure by proposing at this year's BRM that all products containing paracetamol or aspirin, no matter how small, should be reclassified as P medicines.

Another resolution at last year's BRM called for community pharmacists to be able to report adverse drug reactions directly to the Medicines Control Agency. The MCA supports the proposal in principle but cannot implement it at present for financial reasons, according to Council's final report on the BRM, published last week. Discussions with the MCA will continue.

The BRM also accused the Society of being "irrelevant and ineffectual," but voted against a motion to disband it; instead delegates called for stronger action to protect members.

Council says it is considering a number of ways to improve services. These include:

- updating the slide presentation on the Society's work
- increasing the number of branch observers at Council meetings from two to five
- encouraging pharmacy schools to invite a Council member to address first and third year students
- visits to Lambeth by second year students, student involvement in local branch activities and Sunday visits to Lambeth by branches.

This year a BRM motion will

say that the Society is an effective and relevant body and gives Council a chance to reassure members of its ability to safeguard their interests.

Council expresses sympathy with a resolution from last year deplored the increase in pharmacy students, but comments that schools have been responding to Government policy and pressure to increase the numbers of 18-19 year olds entering higher education. The only exceptions are medicine, dentistry and some teacher training, and repeated calls by Council for pharmacy to be a "quota" subject have been unsuccessful.

Nor can Council use its degree accrediting powers to restrict student numbers: "To do so would be an abuse of these powers," the report says. Council could only object to increases if they were likely to compromise standards of education.

But latest data shows that the rate of recruitment is not increasing and, with Government cutbacks, it is unlikely to increase in the near future.

On the question of confusing brand names, the Society has expressed concern to the Medicines Control Agency about the use of a simple brand name for a range of OTC products with different constituents. The Proprietary Association of Great Britain has produced a Code of Practice which Council is considering.

Council has decided not to grant retiring pharmacists life membership at a suitable fee. It was felt that such a proposal was not practical in the current economic climate, as any substantial drop in total subscription income would have to be made up by increasing the amount paid by ordinary members.

The Society is to meet the Department of Health to review the preparations available in Part IX of the Drug Tariff. The Society firmly believes that medicines and dressings should be available for patients transferring from hospital into the community.

Other motions, to be put to the meeting on May 12, call for a ban on confectionery sales from pharmacies and on inducements offered with monitored dosage systems.

Cheltenham Branch is to propose that: "Because of the conflict between good health and consumption of sweets, community pharmacists should be dissuaded from selling confectionery".

The branch quotes a report that Sainsbury, Tesco and Waitrose had agreed to remove sweets from checkout counters but a pharmacy chain had been "less helpful."

The branch asks: "May this not convey the impression to those involved in health education and the other professions that pharmacy is more concerned with profit than public health and that we should be regarded as shopkeepers rather than gatekeepers?"

Barnet Branch wants the Code of Ethics to be changed to prevent pharmacists offering discounts, gifts or cut-price equipment on monitored dosage systems.

The branch points out that pharmacies are increasingly losing their contracts to supply homes as they are unable to

compete with inducements such as drug cupboards and trolleys. Contracts are being offered to those able to give the largest inducements rather than the best local pharmaceutical service.

Plymouth Branch wants advertising restrictions to be relaxed to enable pharmacies to sponsor sporting clubs and activities. The branch feels it odd that the profession is being asked to raise its profile but cannot use the restricted title "pharmacy" in supporting local events.

"Supporting sport should be seen as broadly in line with our professional commitment to the health of the nation," the branch explains.

Other topics for discussion at the BRM include:

- The provision of full pharmaceutical services in the community is jeopardised by the latest imposed remuneration.

- The post of Society president should become a full-time salaried position and not be restricted to a fixed term of office.

Small group motions include:

- Pharmacists should be permitted to dispense monthly supplies of medicines within long-term prescriptions.

Motions to be referred to Council without debate include:

- Council should consider the risk that easily accessible dispensaries and private consultation areas present to pharmacy staff, in the current climate of increasing drug-related crime and violence.

## DoH ignores pharmacists in continence care

The Department of Health has produced a consumer leaflet for National Continence Week, which runs from March 9-13.

Despite consultation with the National Pharmaceutical Association about the role of pharmacists in continence care the DoH has chosen to omit pharmacists from the information leaflet. To add insult to injury they are asking pharmacists to distribute the leaflet. Colette McCready, head of public relations at the NPA, says: "Many pharmacists will be personally upset at not being

mentioned in the leaflet."

Continence Care is the subject of the first of a new series of community care leaflets from the NPA. It aims to raise awareness of the subject, and to help: identify patients; medicines that may cause problems; management of the condition; self-help groups, and advice pharmacists can offer sufferers.

The NPA is also highlighting the role of the pharmacist in continence care through their Questions and Answers column which is syndicated to local newspapers.

## Lothian to move to temazepam tablets

Lothian Health Board is proposing a blanket substitution of temazepam capsules with temazepam tablets.

"The new problem is with benzodiazepines," says Dr Phillip Rutledge, Lothian Health Board medical prescribing advisor. "With heroin all users were moved onto other opiates but withdrawal from benzodiazepines is even more difficult."

The proposal has yet to be agreed by all concerned parties, but it appears that it is already happening in some parts of the region.

Iain Bishop, an East Lothian pharmacist says: "There is definitely a verbal agreement between doctors to move from temazepam capsules to tablets."

# Business news

## Moss push out the franchise boat

Moss Chemists are bucking the trend and giving a boost to their franchise operations with a series of roadshows.

While other companies have stopped promoting the franchise option, this Unichem subsidiary hopes to take them on at the rate of 15-20 a year.

They hope to start the ball rolling through 13 nationwide roadshows for existing Moss managers, where they will explain their terms. Bristol will be the first venue on March 8, with the rest following throughout April.

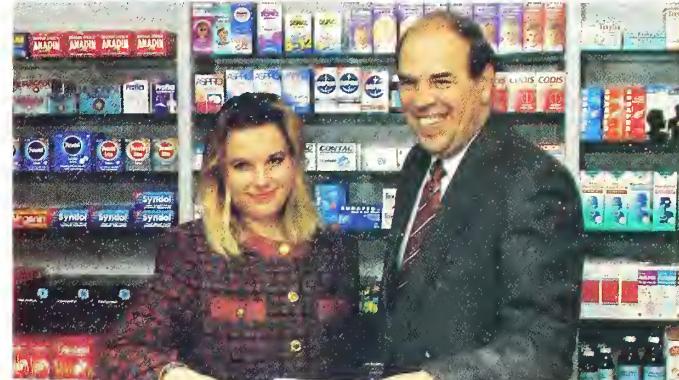
Malcolm Bayly, Moss' acquisition and franchise director, would ultimately like to see at least 100 franchises but this would depend on demand.

Out of Moss' 272 outlets, there are already 20 franchises, with a further 15 going through. Although Unichem's first such deal was signed in late 1991, these latest moves hope to accelerate their take-up.

Where Moss' scheme is unique, says Mr Bayly, is the option of franchisees buying their pharmacy after 10 years, making it possible for pharmacists to own their own business early in their careers.

That aim has not changed so multiple franchises or franchising to people who already own a pharmacy is not an option.

Pharmacists initially pay a £2,000 fee, which is returned after a year, and about £20,000 for stock and equipment for the average pharmacy. After the year is up, the pharmacist can give three month's notice and Moss will buy back the stock. There is also an option of selling the franchise on after two years. But if a franchisee reaches above



Barbara Pace is about to become Moss Chemists' twentieth franchisee. She is pictured above with Malcolm Bayly, Moss' acquisition and franchise director, at her newly acquired business in Cranleigh, Surrey

average growth, they can buy their pharmacy at a discount.

Although this is good news for the pharmacist, Mr Bayly admits Moss will eventually lose control of some of their pharmacies.

But money raised from these sales will be re-invested in the company, paying for further

acquisitions and refurbishments.

He says that ideal candidates for franchise would be those with a turnover of £400,000-£600,000 a year, of which 60-70 per cent should be NHS dispensing. Counter sales should be based on traditional lines and specialist ranges avoided.

## Pressure to dismiss

Many vendors are being illegally required to dismiss their staff as a condition of selling their business.

"Time and time again vendors are being required to dismiss staff before the sale has taken place. This is not permissible by law. Employees are entitled to be kept on by the purchaser, on terms not less favourable than those enjoyed under the vendor," says Tim Astill, director of the National Pharmaceutical Association.

If a vendor dismisses staff before sale of the business they will be entitled to compensation. According to Mr Astill many firms

of solicitors "don't know the rules or simply choose to ignore the rights of employees when businesses change hands". The NPA has encountered the problem when NPA members sell to larger companies.

If a purchaser finds there are too many staff after the transfer has taken place there is a procedure for redundancy.

## Pharmacy directory

Details of all limited company pharmacies with three or more branches are listed in the 1994 edition of the Survey of Multiple Chemists. How each multiple is financed, together with the directors' names are some of the information included in this 179-page report. Copies are available from Culver Financial Surveys, 21 Culver Road, St Albans, Herts AL1 4EB. A £75 cheque should accompany the order.

## Sales rise

Retail sales through chemists' shops rose by 6 per cent, according to Government figures. Multiples with turnover over £3 million in 1990 fared better, with sales up 9 per cent.

## Tax status of locums

Locum pharmacists, whose tax status is challenged by the Inland Revenue, may find the case of a freelance vision mixer helpful, says Tim Astill, director of the National Pharmaceutical Association.

The New Law Journal (January 28) reports that Mr Lorimer, a vision mixer, was in dispute with the Inland Revenue over his self-employed status. Although Mr Lorimer had hundreds of separate engagements most of which only lasted for a day or two, the Inland Revenue held the view that he was an employee of each of the companies for which he worked.

The Inland Revenue lost their case. Leave to appeal to the Lords was turned down and the Inland Revenue have finally admitted defeat in this case.

The New Law Journal comments, "It (Hall v Lorimer) could perhaps form the basis for the law in this area to settle down for a while."

Mr Astill says the case will be relevant to locum pharmacists. "It is now open to the locum and the owner to agree the locum will be treated as self-employed and as such will be responsible for their own tax and National Insurance under Schedule D. Whenever the tax status is challenged, the NPA can help by corresponding with the Inland Revenue. However, the NPA strongly advise the employer and locum to complete a written agreement. A form is available to NPA members."

Mr Astill stressed that this case will only be helpful to genuine locums.

## Jean Sorelle

Jean Sorelle, makers of luxury toiletries and home fragrances, have changed their name to Potter and Moore Ltd to raise their corporate image.

## Looking east

Colchester-based Ultraglow Cosmetics have broken into the Middle East market with a Lebanese order worth about \$1 million. They secured the deal through London-based business advisors MEC.

## Back in Spain

Yardley will be trading in Spain again for the first time in 16 years. They have appointed Eltraco as their sole distributor there, who hope to place their products with two new drugstore chains.

## Astra's earnings jump 53pc

Astra, the Swedish pharmaceutical company, saw pre-tax earnings leap 53 per cent to £5.1 billion on sales of almost £15.6bn last year.

Sales had increased 43 per cent, excluding exchange rate fluctuations, but when they were taken into account, had actually risen just 21 per cent.

UK sales rose 48 per cent making it Astra's second largest European market after Germany.

Losec, Astra's best selling drug, brought in £7.2bn worldwide, giving Smithkline Beecham's and Glaxo's anti-ulcerants a run for their money. Both cited competition from Losec for falling or slowing Tagamet and Zantac sales.

The company says that sales and earnings are not expected to rise at the same rate in 1994.

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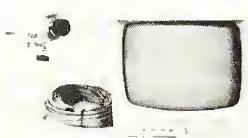
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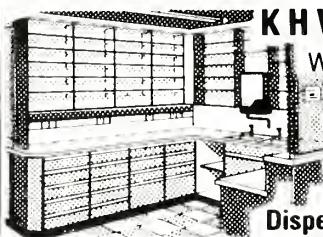
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Maloprim (6/94), 1 Synalar cream 15g (exp 3/94), 38 Ferrocontin (exp 2/94), 94 Ledorc 2mg (exp 9/96). Tel: 0702 715485.

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**TRADE LESS 305%+VAT** - 80 Artane 5mg, 42 Britloflex 0.2mg, 126 Cardene 20mg, 50 Rifater. Tel: 0322 432146.

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2x28 Axid 150mg, 1x60 Lodine 300, 2x28 Mobilflex, 2x100 Monit 20mg, 4x60 Mono-Cedocard 40. Tel: 081-567 2922.

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**POLAROID FILM** - Out of date 600 plus or Image any quantity. Tel: 071-622 6866.

**YARDLEY BEAUTY MAGIC** - Reasonable price paid. Tel: 021-429 2815 daytime.

**TWO CLASS B BALANCES** - 500mg, 100g and 25g-1kg, in good working order. Tel: 0543 676302 or 021-554 3788 (evenings).

**ANDROCURE 50MG TABS** - Sandimmun 100mg, 50mg and 25mg, Biotrol elite 32830, Imigran tabs. Tel: 0785 24015.

**NORDIA 90 DISPLAY CABINET** - White finish. Tel: 0223 21440.

**LION OINTMENT** - Tel: 0272 605482.

**RIMMELL STAND & STOCK** - or can swap for a Max Factor stand. Tel: 0742 644455.

**MARTINDALE 28TH EDITION**. Tel: 0924 474327.

**SANDIMMUN 50MG & 100MG** - Recomon 2000, good price paid. Tel: 081-539 1922.

**SECOND HAND PMR AND ADR COMPUTER SYSTEMS**, Tel: 051-638 4555.

**TILL** - 4 compartment minimum, A1 condition only. Tel: 0532 843232.

**APPLIED THERAPEUTICS FOR CLINICAL PHARMACY** - Handbook of Basic Pharmacokinetics, Calculations in Pharmacy, Remingtons Pharmaceutical Sciences, Manual of Acute Bacterial Infections, Pharmacognosy, The Pharmacological Basis of Therapeutics. Tel: 081-697 2615.

**BMW NEW SHAPE** - 320i or 520i. Tel: 0602 501460.

## ACCOMMODATION

**SOUTHERN FRANCE** - Medieval fortified village house, Carcassonne/Pyrenees. March 1st-26th only. Tel: 010 33 68 24 76 03.

**FLORIDA, ORLANDO** - Luxurious lake-side house in beautiful surrounding of Hunters Creek, own heated pool, sleeps 8/10, golf course 5 minutes away, near

all Disney attractions. Tel: 0293 615034.

**BRITTANY/NORMANDY BORDERS** - Restored farmhouse, sleeps 8 in comfort, electric heating, fitted kitchen, washer, gardens, patio, barbecue, from £195 per week. Tel: 0457 874262.

**PELOPONNESE, STOUPA, GREECE** - Quiet village, good tavernas, private

house, sleeps 6, near sandy beach, unspoilt Mani region, small artistically designed development, not July/August. Tel: 0803 852040.

**BLACK ROCKS SANDS, PORTHMADOG** - Luxury caravan, quiet corner of park, near dunes, heated pool, sports, games, club facilities, lovely area, ideal for family holiday. Tel: 021-604 4600.

PLEASE MENTION "C&D BUSINESS LINK"  
WHEN RESPONDING TO ADVERTISEMENTS  
ON THIS PAGE

## IMPORTANT

Because demand for free "Business Link" entries exceeds the space available, subscribers are asked to comply with the 30-word limit. To avoid delay in publication, please ensure that brand and drug names have the correct spelling and that the text is legible.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed below.

**EXCESS STOCK CAUTION:** Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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To be included under section Heading . . . . .

Signed . . . . . Date . . . . .

# About people

## Pharmacist appears on 'Kilroy'

Pharmacists were clearly differentiated from garage owners and corner shops by Andrew McCraig, a practising community pharmacist from Surrey, who appeared on the BBC morning programme "Kilroy".

Supply of the "morning after" pill was the subject under discussion by the studio audience following speculation in the press that the product would become available over the counter.

"I had about 30-45 seconds of air time," says Mr McCraig. "If I had not been there, God knows what the programme would have run away with in terms of distribution."

Despite the time factor, he managed to make the audience aware of the difference between pharmacies and other outlets.

At one point it was inferred that pharmacists would not counsel patients about the pill. Mr McCraig told the audience that, on the contrary, there would be a lot of counselling and advice for patients through pharmacies.

Members of the audience, including a GP and a number of younger participants, supported pharmacy distribution of the

morning after pill.

Colette McCready, public relations officer at the National Pharmaceutical Association said "this point might not have been addressed if Mr McCraig had not been present."

## Miller slims for kids

Graeme Miller, chairman of the Scottish Pharmaceutical General Council, is set to lose pounds to raise pounds during a two month sponsored slim.

Graeme is aiming to lose 20 pounds with the money raised going to the Edinburgh Sick Children's NHS Trust. "The money is going to improve the environment for children and staff," says Graeme.

All those eager to send support and donations should write to: The Chairman, Edinburgh Sick Children's NHS Trust, 1 Royal Bank Terrace, Edinburgh.

## CPP Seminar

The annual meeting of the College of Pharmacy Practice on takes place at Scarman House, University of Warwick, on April 27.

The meeting kicks off with a seminar examining the effects of forthcoming changes in NHS funding and organisation. The annual evening address is being given by David Taylor of the Audit Commission.

Further details are available from the CPP on 0203 692400. Non-members are also welcome. • Dr Angela Alexander, Dr David Anderson, Marion Hodges, Nicholas Hooker and Brian Riley have been nominated for governors of the CPP. Ross Lynton Groves is nominated as associate representative who attends meetings of the Board.

## APPOINTMENT

**Dr Tadataka Yamada** has been appointed a non-executive director of Smithkline Beecham. He is currently Professor at the Department of Internal Medicine and Physician-in-Chief at the University of Michigan medical Centre, Michigan, USA.

Pharmacy assistant Sarah Ashwell from Michael Allen Pharmacies in Framlingham, Suffolk, is off to Paris after guessing the location of a bottle of champagne in a competition to mark the name change from Healthcrafts to Ferrosan Healthcare. Paul Samuels from Leytonstone and Mike Lawrie from Stony Stratford also guessed correctly. Ms Ashwell is pictured receiving a bottle of champagne from Karl Tarczynski, the Ferrosan Healthcare territory representative



Pharmacist Gary Paragpuri, of FG Saunders & Co Pharmacy, Windsor, is certain to enjoy this Summer having won a £250 boost to his holiday coffers, courtesy of Lemsip. Mr Paragpuri is pictured receiving his prize from Reckitt and Colman's pharmacy regional manager Nicky Legg

## BPSA conference reminder

Pharmacy students and pre-registration students are reminded that application forms for the British Pharmaceutical Student Association's annual conference should be returned as soon as possible.

This year's conference is being held in Liverpool from Sunday, April 3 to Saturday April 9. BPSA president Gianpiero Celino anticipates an interesting week of lively debates and discussions and social events including the conference Ball at the Gladstone Hotel in Liverpool on the

Saturday night. The popular Question Time panel returns with vice-president of the Pharmaceutical Society Ann Lewis and managing director of Moss Chemists, Barry Andrews.

The cost of the conference is £110 for undergraduates and £130 for pre-registration students. Applications should be sent to Gianpiero Celino, 169A Canterbury Road, Urmston, Manchester M41 0SE. Further information can be obtained from Mr Celino by telephoning 061-205 3475.

## Coming Events

### Monday, March 7

**East Metropolitan Branch RPSGB and West Ham & District Association of Pharmacists**, Wanstead Library, Spratt Hall Road, Wanstead, 7.30 for 8pm. "Osteopathy, How does it work?" by Simeon Asher.

**Southampton Branch RPSGB**, at Southampton Hospital PGMC, 7.30 for 8pm. "Overseas Travel" by Dr Derek Brown of Brockenhurst.

**Lanarkshire Branch RPSGB** at Old Mill Hotel, Motherwell at 8pm. "Pharmacy Audit" by Janice Mason-Duff.

Allan 8pm (buffet). "Sunscreens" by Rona Mackie, Professor and Head of Dermatology, Glasgow University.

**Wirral Branch, RPSGB**, at Firgrove Hotel, Grappenhall, Warrington at 8pm. Regional conference lecture.

### Wednesday, March 9

**Ogwr Branch, RPSGB** at St Mary's Golf Club near Bridgend, 7.30 for 8pm (buffet). "Universe and the death of the dinosaur".

### Thursday, March 10

**Edinburgh & Lothian Branch, RPSGB** and **Fife Branch, RPSGE** at City Hotel, Dunfermline, 8pm. "Plastic surgery", speaker from St John's Hospital, Livingston.

**Glasgow & West of Scotland Branch RPSGB**, at McCance Building, University of Strathclyde, Richmond Street, Glasgow, 7.30 for 8pm. "Mind or illness or major disease" by D Clive Edwards, senior lecturer in clinical pharmacy, University of Newcastle.

### Tuesday, March 8

**Leicestershire Branch, RPSGB** at Leicester Royal Infirmary PGMC, 7.30 for 8pm. "Pharmacists' Action Plan in response to Health of the Nation" by Michael Burden.

**Northern Scottish Branch, RPSGB** at Craigmore Hotel, Inverness at 8pm. "Making the Customer Matter" by 3M Pharmaceuticals.

**Stirling and Central Scottish Branch, RPSGB** at Royal Hotel, Bridge of

# Lypsyl Cold Sore Gel with three active ingredients.

## The quick way to help knock out cold sores.

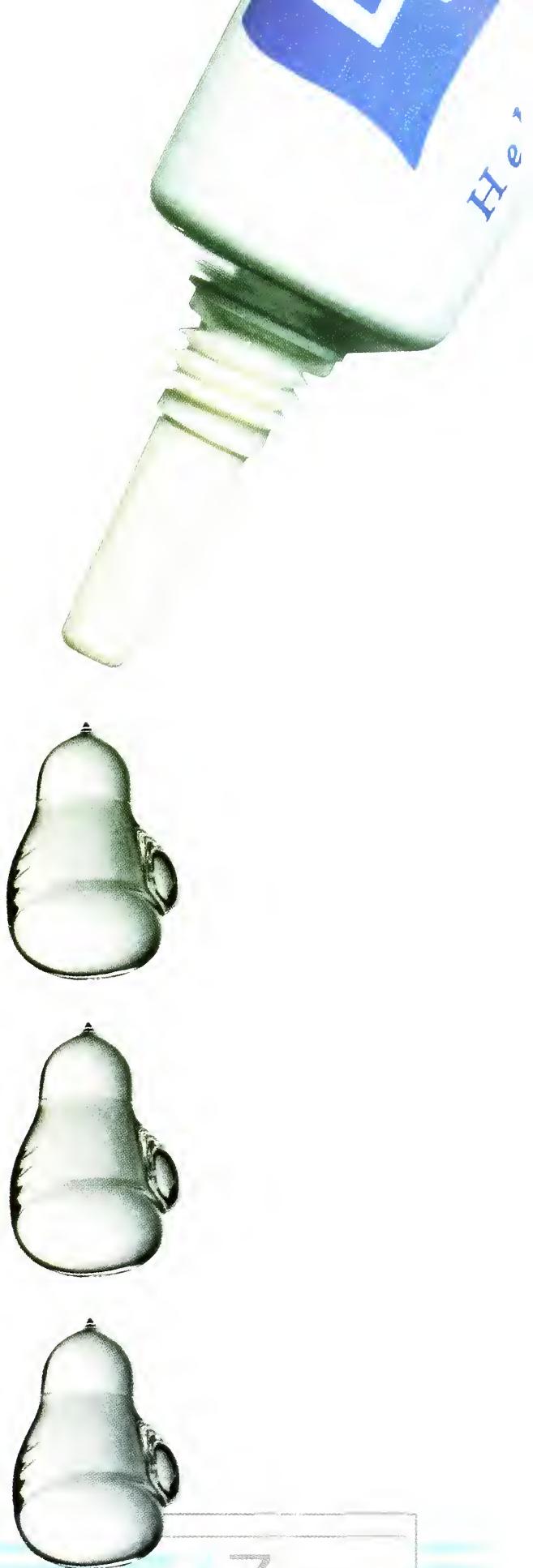
Lypsyl Cold Sore Gel is a heavyweight treatment, because it packs three punches. • An Antiseptic to fight infection, an Astringent to dry up the sore and an Anaesthetic to relieve the pain. • And it's unique 3-pronged attack that helps rapid healing of cold sores, while giving symptomatic relief from discomfort and pain. • A technical

knock-out, you might say. • So to take on cold sores, give your customers Lypsyl Cold Sore Gel. It comes out fighting.



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COLD SORE GEL Essential information. Presentation: A colourless gel containing lignocaine hydrochloride 2.0%, zinc sulphate 1.0% and cetrizide 0.5%. Uses: Symptomatic relief of cold sores. Dosage and administration: Apply a small amount to the affected area 3-4 times daily. Contraindications, warnings, etc. Contra-indications: Hypersensitivity to lignocaine hydrochloride, zinc sulphate or cetrizide. Not recommended for children under 12 years unless advised by a doctor. Precautions: Contact with the eyes should be avoided. Side effects: Skin irritation and local skin sensitisation may occur. Retail Selling Price - subject to Retail Price Maintenance. 3g £2.19 (PL 8/0218) Legal Category P Further information available upon request Zyma Healthcare, Holmwood, Nr Dorking, Surrey RH5 4NU Date of preparation: 17/1/94 ©Trade Mark



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